

Enforcement Inspection Report

28 April 2020



Potens Domiciliary Care Agency

Type of Service: Domiciliary Care Agency

Address: 8a Creamery Road, Main Street, Derrygonnelly, BT93 7FZ

Tel No: 028 6864 1857

Inspector: Fionnuala Breslin

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Potens Domiciliary Care agency provides care and support to service users who have a learning difficulty and who are living in their own homes or with their families in Derrygonnelly, Enniskillen, Londonderry and Strabane. A team of 44 staff provide the care to nine service users living in two houses in Derrygonnelly, where staff members support service users 24 hours per day. In addition the agency provides an outreach service to 13 service users.

3.0 Service details

Organisation/Registered Provider: Potens Responsible Individual: Miss Nicki Stadames	Registered Manager: Noreen Mitchell (Acting)
Person in charge at the time of inspection: N/A	Date manager registered: No application required

4.0 Inspection summary

In light of the Covid 19 pandemic, a decision was taken by RQIA not to inspect the agency but to assess the compliance by requesting the submission of information from the agency. This information was reviewed by the inspector on 28 April 2020 to ensure that the appropriate action had been taken as outlined in the notices.

This review of the submitted information was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The review sought to assess the level of compliance achieved in relation to the Failure to Comply (FTC) Notices issued on 27 January 2020.

FTC References: FTC00087 and FTC00088

The Regulation and Quality Improvement Authority (RQIA) had completed an unannounced inspection on 13 January 2020 in follow up to concerns raised regarding a whistleblowing incident. The outcome of the inspection resulted in two Failure to Comply notices (FTC's) being issued and a Quality Improvement Plan (QIP).

One failure to comply notice related to the agency's failure to ensure that all support staff were registered with the Northern Ireland Social Care Council (NISCC). The second failure to comply notice related to the Regulation 23 monthly monitoring reports and the lack of a robust system in place to ensure that the NISCC registrations of support staff were monitored regularly. This demonstrated ineffective governance and management oversight in relation to the monitoring of the registration of support staff.

During the review of information undertaken on 28 April 2020 there was sufficient evidence that the agency was fully compliant with the actions outlined in the FTC notices and RQIA made a decision to lift both notices on 29 April 2020.

Following review of the submitted information it was agreed that the submission of monthly monitoring reports outlining the service provision, service failures and reporting requirements to the Western Health and Social Care Trust (WHSCT) should continue until further notice. This will commence from the date of this review.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	7

The areas for improvement from the last care inspection on 13 January 2020 were not fully assessed during this review and all areas for improvement have been carried forward for review at the next care inspection. This inspection resulted in no new areas for improvement being identified.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the requirements as indicated in the FTC notices -FTC Ref: FTC00087 and FTC00088
- February/ March 2020 monthly monitoring reports
- written and verbal communication received since the previous care inspection
- previous care inspection reports
- action plans provided by the agency to the trust and to RQIA for information
- NISCC registration records for all current support staff.

The following methods and processes used in this inspection include the following:

- a discussion with the manager/ registered person
- review of information relating to the two FTC notices
- NISCC registration check carried out by the inspector on the public facing register

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 January 2020

The most recent inspection of the agency was an unannounced care inspection. The areas for improvement made at the last care inspection were not reviewed during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 January 2020

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) (e) To be completed by: 27 April 2020 (as outlined in failure to comply notice: FTC000087)	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. (e) subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register;	Met
	Action taken as confirmed during the inspection: All NISCC details of support staff were provided to the inspector who randomly selected 13 out of 44. The inspector completed a check on the NISCC register and confirmed that all 13 registrations were current.	
Area for improvement 2 Ref: Regulation 23 (1) To be completed by: 27 April 2020 (as outlined in failure to comply notice: FTC000088)	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the monthly monitoring reports for February and March were available and up to date at the time of inspection. These reports contained evidence of robust monitoring of support staff NISCC registrations and training/ induction in relation to the support staffs' responsibilities regarding NISCC registration. It was agreed that these monthly monitoring reports should continue to be submitted to RQIA until further notice.	

<p>Area for improvement 3</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>In accordance with Regulation 23 (2) (3), the registered person is required to forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 21 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that each employee of the agency receives training which is appropriate to the work they are to perform.</p> <p>This refers specifically to training in the management of behaviours which challenge.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>An audit of staff supervision records must be undertaken, and a plan developed to ensure that any identified gaps are addressed in accordance with the minimum standards and the agency's policies and procedures.</p> <p>The methods of staff supervision must also be reviewed, to ensure that they are appropriate for the work the staff are to</p>	<p>Carried forward to the next care inspection</p>

	<p>undertake.</p> <p>Any staff, who have the responsibility of undertaking staff supervision, must be suitably trained to undertake their role and evidence of training provided must be retained for inspection purposes.</p>	
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standards 10.4</p> <p>Stated: Third time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure the information held on record is accurate, up-to-date and necessary, it is not limited to but should include :</p> <ul style="list-style-type: none"> • contact between the agency and HSCT 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; and • incidents, accidents or near misses occurring and action taken. 	<p>Carried forward to the next care inspection</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 2</p> <p>Ref: Standards 5.4</p> <p>Stated: Third time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the agency reports any changes in the service user's situation to the referring HSC Trust, and keeps a record of such reports.</p>	<p>Carried forward to the next care inspection</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 3</p> <p>Ref: Standards 1.1</p>	<p>The registered person shall ensure the values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of</p>	<p>Carried forward to the next care inspection</p>

<p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>these values within their practice.</p> <p>This relates to ensuring that service user consultation and agreement is evidenced within individual care plans and risk assessments, as applicable. This should include the use of easy read documentation when necessary, in order to promote service user understanding of risks and promote their right to agree to or decline care to be provided.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 1.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>This refers, particularly to, but is not limited to, the impact of behaviours on other service users.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.3</p> <p>Stated: First</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that all staff are familiar with, and work in line with the agency's policies and procedure in relation to the management of escalating behaviours.</p> <p>All staff should be aware of the policy in relation to contacting senior support out of hours.</p> <p>There should be competency and capability assessments recorded on all staff who are left in charge to ensure that they have the necessary skills to fulfil their roles and responsibilities.</p>	<p>Carried forward to the next care inspection</p>

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 6 Ref: Standard 12.4 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. This refers specifically to the need for an induction to be given to staff that are new to the senior support worker role.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 7 Ref: Standard 16 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the agency has systems in place that ensure safe and healthy working practices. This refers specifically to the maintenance of equipment and the maintenance of a safe and healthy working environment.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.3 Inspection findings

FTC Ref: FTC00087

Notice of FTC with regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Fitness of domiciliary care workers supplied by an agency

Regulation 13. (d)(e)

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-

(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

(e) subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register;

In relation to this notice the following four actions were required to comply with this regulation.

- The registered person must ensure that support workers are either registered with NISCC or that NISCC registration application is made on commencement of employment with the agency.
- Records must be kept of all documentation in relation to the NISCC registration process.
- The registered person must implement robust monitoring systems to ensure that staff are appropriately registered with their professional body at all times.
- The registered person must ensure that all support workers receive training on their roles and responsibilities regarding registration with NISCC.

During this review of staff records it was confirmed that a system had been implemented to ensure that all new staff have the registration process initiated on employment; staff registrations are audited on a monthly basis; all staff have received training on their roles and responsibilities in relation to NISCC. This was evident during conversations with the responsible person and reference was made to this in the monthly monitoring reports.

FTC Ref: FTC00088

Notice of FTC with Regulation 23

The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Assessment of quality of services

Regulation 23.(1)

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

In relation to this notice the following two actions were required to comply with this regulation.

- The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.
- The report of the visits undertaken in accordance with this regulation must evidence the review of NISCC registrations of all staff.

During the review of monthly monitoring records it was confirmed that appropriate action had been taken. The registered person had established and maintained a system for evaluating the quality of services provided by the agency. During these visits there was evidence that there was a robust review of NISCC registrations of all staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	4	7

6.4 Conclusion

Evidence was available to validate compliance with the FTC Notices.

7.0 Quality improvement plan

Areas for improvement carried forward from the last inspection on 13 January 2020 are detailed in the QIP. Details of the QIP were discussed with Noreen Mitchell, manager, as part of the review process. The timescales commence from the date of review.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been carried forward from the last inspection on 13 January 2020 where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 23 (2) (3) Stated: Second time To be completed by: Immediate from the date of the inspection	In accordance with Regulation 23 (2) (3), the registered person is required to forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice. Ref: 6.2 Response by registered person detailing the actions taken: Monthly reports will be forwarded in line with QIP.
Area for improvement 2 Ref: Regulation 21 (1) (c) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority. Ref: 6.2 Response by registered person detailing the actions taken: Organisation of the agency records has been completed. Schedule 4 details have been shared with the Managers and Team Leaders so they are clear on location of files and records
Area for improvement 3 Ref: Regulation 16 (2) (a) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that each employee of the agency receives training which is appropriate to the work they are to perform. This refers specifically to training in the management of behaviours which challenge. Ref: 6.2 Response by registered person detailing the actions taken: Effective monitoring of training information is completed as part of weekly and monthly reporting processes. Virtual and E-learning training sessions have been available during the covid 19 restrictions to ensure that all staff training needs continue to be met
Area for improvement 4 Ref: Regulation 16 (4) Stated: First time	The registered person shall ensure that each employee receives appropriate supervision. An audit of staff supervision records must be undertaken, and a plan developed to ensure that any identified gaps are addressed in

<p>To be completed by: Immediate from the date of the inspection</p>	<p>accordance with the minimum standards and the agency's policies and procedures.</p> <p>The methods of staff supervision must also be reviewed, to ensure that they are appropriate for the work the staff are to undertake.</p> <p>Any staff, who have the responsibility of undertaking staff supervision, must be suitably trained to undertake their role and evidence of training provided must be retained for inspection purposes.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Reporting and record management against these areas have been developed and an implementation programme commenced for the effective monitoring.</p> <p>A centralised system of recording and monitoring supervision and training by way of a computerised learning management system has been being introduced across the agency.</p> <p>Records of training held on staff files for inspection.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standards 10.4</p> <p>Stated: Third time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure the information held on record is accurate, up-to-date and necessary, it is not limited to but should include :</p> <ul style="list-style-type: none"> • contact between the agency and HSCT 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; and • incidents, accidents or near misses occurring and action taken. <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Evidence of contact and engagement with the agency and HSCT are recorded. HSCT are advised of all matters of concerns in relation to health and wellbeing of the people we support.</p>
<p>Area for improvement 2</p> <p>Ref: Standards 5.4</p> <p>Stated: Third time</p>	<p>The registered person shall ensure that the agency reports any changes in the service user's situation to the referring HSC Trust, and keeps a record of such reports.</p> <p>Ref: 6.2</p>

<p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken: Evidence of contact and engagement with the agency and HSCT are recorded. HSCT are advised of all matters of concerns in relation to health and wellbeing of the people we support.</p>
<p>Area for improvement 3</p> <p>Ref: Standards 1.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure the values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice.</p> <p>This relates to ensuring that service user consultation and agreement is evidenced within individual care plans and risk assessments, as applicable. This should include the use of easy read documentation when necessary, in order to promote service user understanding of risks and promote their right to agree to or decline care to be provided.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The Service Development Manager for the Region has undertaken a number of visits to support positive modelling and the practice of staff in utilising accessible information assessments / tools and defensible documentation practices following consultation on care and risk planning. Additional support will continue to develop via virtual sessions and visits from local team members to continue to develop practice in this area.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 1.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>This refers, particularly to, but is not limited to, the impact of behaviours on other service users.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The system for recording and tracking such has been recirculated for implementation across the agency.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.3</p> <p>Stated: First</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that all staff are familiar with, and work in line with the agency's policies and procedure in relation to the management of escalating behaviours.</p> <p>All staff should be aware of the policy in relation to contacting senior support out of hours.</p> <p>There should be competency and capability assessments recorded on all staff who are left in charge to ensure that they have the necessary skills to fulfil their roles and responsibilities.</p>

	<p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Whilst training in incident recognition and reporting was provided and undertaken in 2019, further training and guidance in this area will be provided.</p> <p>The on-call policy and rota is regularly reviewed and updated with named and paid people available. The lack of knowledge on the day of the inspection is disappointing but this will be covered formally with all staff within team meetings / supervisions.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This refers specifically to the need for an induction to be given to staff that are new to the senior support worker role.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Documentation relating to this from an Induction / Personal Development Plan in place for working through.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the agency has systems in place that ensure safe and healthy working practices. This refers specifically to the maintenance of equipment and the maintenance of a safe and healthy working environment.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Monthly health and safety assessments (where appropriate to undertake) and recently appointed responsive maintenance system now in place and operating well.</p>

Please ensure this document is completed in full and returned via Web Portal

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