



The Regulation and  
Quality Improvement  
Authority

Potens Domiciliary Care Agency  
RQIA ID: 11279  
32 Knockmore Road  
Derrygonnelly  
BT93 6GA

Inspector: Joanne Faulkner  
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**Unannounced Care Inspection  
of  
Potens Domiciliary Care Agency**

**8 June 2015**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 8 June 2015 from 10.00 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. It was identified that the actions taken in relation to the notice of Failure to Comply with Regulations 14. (b)(d) of The Domiciliary Care Regulations (Northern Ireland) 2007 issued on 1 May 2015 were not sufficient to ensure compliance. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

In light of the findings of the inspections undertaken on 27 March 2015 and 16 April 2015 and in accordance with RQIA enforcement procedures, representatives of the registered person attended a meeting with RQIA on 29 April 2015. At this meeting RQIA issued the registered person with one notice of Failure to Comply with Regulations 14. (b) (d) of The Domiciliary Care Regulations (Northern Ireland) 2007.

The timescale for compliance and actions required to comply with these regulations as outlined within the notice (FTC/DCA/11279/01/2015-16) was 8 June 2015. During the inspection on 8 June 2015 the inspector identified that the actions taken by the agency to date were not sufficient to ensure compliance with Regulation 14 (b) (d) of The Domiciliary Care Regulations (Northern Ireland) 2007.

RQIA issued an extension to the failure to comply notice of 1 May 2015 in respect of Regulation 14 (b) (d) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The Failure to Comply Notice expires on 16 July 2015.

RQIA will continue to monitor the quality of service provided in Potens DCA and will carry out an inspection to assess compliance with these regulations.

**It should be noted that continued noncompliance may lead to further enforcement action.**

### 1.2 Actions/Enforcement Resulting from this Inspection

On 12 June 2015 an extension to the failure to comply notice of 1 May 2015 was issued in respect of Regulation 14 (b) (d) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The Failure to Comply Notice expires on 16 July 2015.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Potens Domiciliary Care Agency/Mr Neil Wadge (Pending)	<b>Registered Manager:</b> Mr Deane McMorris (Acting)
<b>Person in charge of the agency at the time of Inspection:</b> Mr Deane McMorris	<b>Date Manager Registered:</b> Registration pending. Date of acting management arrangements: 1 July 2015
<b>Number of service users in receipt of a service on the day of Inspection:</b> Five	

Potens domiciliary care agency is a supported living type domiciliary care agency, located in Derrygonnelly. The agency's aim is to provide care and support to service users with learning disabilities living in their own homes; service users have a tenancy arrangement with a private landlord.

Care and support is provided by a number of support staff. The accommodation includes two flats with living area, bedroom and en suite bathroom in each, and four bedrooms, each with ensuite shower rooms. There are also communal facilities, including kitchen and living areas.

The agency's ethos is based upon working with service users and their family or other representative to complete an assessment of their need and provide them with the care and support they require to live as independently as possible and to be part of their community. Referrals are accepted from HSC trusts.

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

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

**Theme 2: Service User Involvement - service users are involved in the care they receive**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the deputy manager and the person in charge
- Examination of records
- Consultation with Staff
- File audit
- Evaluation and feedback

During the inspection the inspector met with one service user, two care staff and the person in charge.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection

The following records were viewed during the inspection:

- Two care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (November 2014)
- Pre- employment checklist
- Induction policy (July 2012)
- Supervision policy (January 2014)
- Appraisal policy (2014)
- Whistleblowing policy (May 2015)
- Staff register/ information
- Agency's rota information
- Financial audit records

## **5. The Inspection**

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

The previous inspection of the agency was an unannounced care inspection dated 23 March 2015 and 16 April 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14 (b)(d)</p> <p>FTC/DCA/11279/01/2015-16</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person is required to, in conjunction with the HSC trust, undertake a detailed financial audit of monies previously held on behalf of service users.</p> <p>The registered person must forward to RQIA the outcome of the audit and where appropriate, quantify any losses experienced by service users.</p> <p>The registered person is required to outline to RQIA, where appropriate, the arrangements for restitution.</p>	<b>Not Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed records relating to an audit completed by the agency's finance department. It was identified from records viewed that an audit had been undertaken by the agency for monies held by service users in their own homes; however, a financial audit has not occurred of monies previously held by the agency.</p> <p>The person in charge stated that the HSC trust has audited the accounts of two of the service users; they stated that the audit is not completed by the HSC trust.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14 (e)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided.</p> <p>(e)in a manner that respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and</p> <p>This requirement relates to the registered person ensuring service users are supported to store their monies in their individual homes.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The agency has provided a locked facility in the home of individual service users to facilitate the storage of their monies and valuables. Service users are provided with a key and staff provide them with the necessary support to access their monies.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 15(6)(d)</p>	<p>The registered person shall ensure that where the agency arranges the provision of prescribed service to a service user, the arrangements shall-</p> <p>(d) Specify the procedure to be followed where a domiciliary care worker acts as an agent for, or receives money from, a service user.</p> <p>This requirement relates to the registered person ensuring that the agency has in place a Finance policy detailing the procedure for staff handling service users' monies.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed the agency's Finance policy; it outlines the procedure for staff handling service users' monies.</p>		

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 16 (2)(a)</p>	<p>The registered person shall ensure that each employee of the agency— (a)receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement relates to the registered person ensuring that staff handling service users' monies have received appropriate training.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed the agency's training record; it was noted that staff received financial training on 4 June 2015. The person in charge stated that the detail of the policy will be reinforced in individual staff supervision.</p>		
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 23 (1)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of service which the agency arranges to be provided.</p> <p>The registered person is required to forward to RQIA copies of the monthly report until further notice.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The agency has forwarded to RQIA copies of the agency's monthly quality monitoring reports.</p>		
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 14 (a)(b)(e)</p>	<p>The registered person must ensure that the agency has developed a working definition of 'restrictive practice' which includes the use of physical restraint.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The agency's Behavioural management policy has been updated to include a definition of restrictive practice; it was viewed by the inspector.</p>		

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 14 5	<p>All suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with the procedures.</p> <p>This recommendation relates to information disclosed by a service user relating to a previously reported incident.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The person in charge stated that a referral was made to the HSC trust in relation to the information disclosed; an initial investigation was completed and the referral has been screened out.</p>	
<b>Recommendation 2</b>  <b>Ref:</b> Regulation 2 1	<p>The registered person must ensure that service users are provided with information in an accessible format in relation to their human rights.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed information relating to human rights provided by the agency to all service users; it was noted that it was in an easy read format.</p>	
<b>Recommendation 3</b>  <b>Ref:</b> Regulation 3 3	<p>It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plans.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was identified from individual service user care and support plans viewed that reference was made to relevant human rights.</p>	

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

#### Is Care Safe?

The agency has a recruitment policy in place and a process to ensure that appropriate pre-employment checks are completed. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency.



Prior to employment staff are required to complete a health questionnaire and medical declaration form; in addition staff may be required to complete a medical examination.

The agency's induction policy outlines the induction programme lasting at least three months; from records viewed it was identified that staff are required to shadow for an initial two week period; this was confirmed by the agency's staff. Staff are required to complete an induction questionnaire following their induction. The agency maintains a record of the induction provided to all staff; it details information provided during the induction period. Staff are provided with a handbook and induction booklet and have access to the agency's policies and procedures.

The agency has a procedure for the induction of short notice/emergency staff; however the person in charge stated that staff are not used from another domiciliary care agency. The agency has procedure for verifying the identity of all supply prior to their supply.

The agency has policies and procedures in place for staff supervision and appraisal they outline the frequency and procedures to be followed. Records are maintained; those viewed indicated that they are completed in accordance with the agency's policies and procedures.

### **Is Care Effective?**

Discussions with the person in charge, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rotas viewed reflected staffing levels as described by the person in charge; it was identified that the staffing levels are adjusted to meet the needs of individual service users' needs. It was noted that the agency's staff rotas detailed the full name of staff provided and a key to abbreviations used.

The inspector viewed the agency's staff rota for the forthcoming days; it was noted that staff were allocated shifts as required.

Agency staff are provided with a job description which outlines the roles and responsibilities of their job role. Staff could describe their roles and responsibilities and the process for reporting any concerns to their line manager.

Staff could describe the detail of the induction programme received; the agency maintains a record of induction which details regular evaluations completed with staff during the induction period. The person in charge stated that staff are required to complete a competency assessment prior to lone working.

Staff stated that they currently receive four to six weekly supervision and annual appraisal and that they are encouraged to highlight any training needs to their line manager at any time. The agency has a process to identify and respond to training needs through supervision and appraisal.

Staff providing supervision have received appropriate training; the agency's policy details the frequency of supervision and appraisal.

Staff were aware of the whistleblowing policy and their responsibility in highlighting concerns.

## Is Care Compassionate?

The agency maintains a record of comments made by service users in relation to staffing arrangements and new staff. Service users are provided with detail of staff being provided by the agency to support them. The inspector viewed minutes of a recent tenants meeting and noted that staffing arrangements had been discussed; records viewed detailed that service users were informed of their right to choose who provides their care and support. Staff could describe the impact of staff changes on service users.

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the appropriate knowledge and skills to carry out their roles.

Staff described how their induction included meeting service users, becoming familiar with their care and support needs and the importance of respecting their privacy, dignity and choices. Staff have received human rights training; one service user stated that they can choose to do what they want and that their privacy and dignity is respected.

The agency's disciplinary procedures outline the process to be followed to address unsatisfactory performance of staff.

### Service User Comments:

- "Staff are very nice"
- "Staff help me with my groceries, cooking and cleaning my bedroom"
- "Staff discuss my care plan with me; my social worker comes to see me"
- "I can do what I want; I go to the pub with \*\*\*\*\* for a wee drink"

### Staff Comments:

- "I can speak to the person in charge at any time"
- "I received induction at the commencement of my employment"
- "The changes to the management within the last few months have been positive"
- "Staff morale is better; I now feel I am listened to"
- "I receive regular supervision; I can discuss things I am worried about"

### Areas for Improvement

There were no areas for improvement identified in relation to Theme 1.

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

### Is Care Safe?

Assessments of need and risk assessments viewed reflected the views of service users and were appropriate their representatives. One service user stated that they are involved in the assessment of need and completion of their individual care plan and that their views and

wishes are reflected. The person in charge stated that the Western Health and Social Care Trust is currently in the process of reviewing individual service users care plans.

Records viewed indicated positive risk taking in collaboration with the service user and/or their representative. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible. The agency maintains relevant documentation for previously agreed actions or interventions.

### **Is Care Effective?**

Service users are encouraged to participate in an annual review of their care and support involving HSC trust representatives. Staff record daily the care and support provided and care plans are reviewed quarterly or as required. Service users stated that they are involved in the development of their care and support plans and views reflected. One service user described the process of developing a plan for the week. Care and support plans viewed detail the wishes, choices and routines of service users and contain information specific to the needs of individual service users.

The agency facilitates six weekly tenants' meetings which service users are encouraged to attend; records viewed indicate that service users are encouraged to express their views and opinions. Service users and their relatives are informed of the agency's complaints procedure; the agency maintains a record of all compliments and complaints.

Service users have been provided with a human rights booklet in a suitable format and details of accessing an independent advocacy service. The person in charge could describe instances when independent advocacy services had been accessed by service users.

### **Is Care Compassionate?**

Discussions with staff and service users indicate that care is provided in an individualised manner. Care plans and agency records were written in a person centred manner and service users stated that they are consulted about the care they receive.

Staff discussed examples of responding to service users' preferences; service users described having their views taken into account; records of tenants meetings reflected their involvement. One service user could describe the detail of the agreed care and support that they required from staff on the day of inspection.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were outlined in care plans the agency provides service users with an information booklet on human rights.

The person in charge described how the agency liaises with the HSC trust regarding best interest practices for service users where there are capacity and consent issues.

### **Service User Comments:**

- "I attend the tenants meetings; it's a time to be listened too and heard"
- "I decide what I want to do"
- "Staff discuss my care plan with me"
- "I talk to staff if I am worried or not happy"

**Staff Comments:**

- “Service users are encouraged to express their views and opinions”
- “Service users are given choice”
- “I enjoy providing one to one support to service users”
- “Service users are supported to be independent”
- “I feel the care and support is more person centred since the recent changes in management”

**Areas for Improvement**

There were no areas for improvement identified in relation to Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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**5.5 Additional Areas Examined****5.5.1 Complaints**

The agency has received no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the person in charge. The agency’s complaints policy outlines the procedure in handling complaints.

**Areas for Improvement**

There were no areas for improvement identified.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 6.2 Recommendations

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

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

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

Ref: Regulation  
14 (b)(d)

(FTC/DCA/11279/01/2015-  
16)

Extended to 16 July 2015

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—  
(b) so as to safeguard service users against abuse or neglect;  
(d) so as to ensure the safety and security of service users' property, including their homes;

The registered person is required to, in conjunction with the HSC trust; undertake a detailed financial audit of monies previously held on behalf of service users.

The registered person must forward to RQIA the outcome of the audit and where appropriate, quantify any losses experienced by service users.

The registered person is required to outline to RQIA, where appropriate, the arrangements for restitution.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

The Western Trust commenced their financial audit of all accounts and monies held on 24th June 2015, including the previous "float tin", which had been removed after the initial Inspection you carried out. This was an understandably lengthy and thorough process, which completed on 9th July 2015. The auditors are requesting further clarification and information via telephone and email and we continue to provide this. Unfortunately we do not yet have a date for the reporting of the auditors findings at present – they did explain their own governance and quality process that they must complete prior to finalising their report.

During the period of the audit, both Deane McMorris and Caroline McGovern spent a considerable amount of time working closely with the auditors and providing them with all the information they requested. The auditors specifically looked at the following areas:

- Complete check of each individual tenants personal account, including all transactions.
- All bank withdrawals were checked against their personal account records and reconciled against requests for funds.
- All transactions in the household account were comprehensively audited.
- Household charges, such as window cleaning and maintenance were reviewed.
- Value for money in terms of obtaining 3 quotes for contractors

was checked.

- All current Potens policies and procedures relating to finance were reviewed.
- Staff training regarding finance was reviewed.
- Finance procedures, such as checks, audits and how these were implemented were reviewed.
- Joint purchases of goods were checked and evidence of service users agreeing to these was checked.
- Contributions by each tenant to the household were fair and equitable were also checked.
- Authorisation of holidays and activities were audited.
- Transport costs were reviewed.

Deane and Caroline met with the auditors on 9th July to ascertain verbal feedback of the findings of the audit to date, prior to the full report being made available by the Trust. The auditors indicated that there were discrepancies in the accounts over a 15 month period, prior to the implementation of Company policies, procedures and systems after the RQIA Inspection in April. The auditors indicated they were satisfied with the measure implemented by the management team at this juncture and subsequently. They gave some specific verbal feedback, and this is detailed below:

- NM – potentially £1380 could not be accounted for due to poor recording and monies being held in the “overflow” tin, which did have records.
- CR – no discrepancies noted during the audit.
- JS – no discrepancies noted during the audit.
- BF - £300 could not be accounted for due to poor recording and monies being held in the “overflow” tin, which did have records.
- AF - £700 could not be accounted for due to poor recording and monies being held in the “overflow” tin, which did have records.
- Housekeeping accounts – identified tenant contributions to staff provisions at approximately £3.50 per week, totally approximately £138 during the period audited.

We can confirm that where it has been confirmed that an individual has sustained losses, based on the findings of audits we will, as we did previously, ensure that the individual will be compensated by Potens, including a written apology and face to face explanation of the situation. This would include families, where appropriate and agreed with service users and Care Managers/Social Workers. We will action this as soon as the information is confirmed by the Trust auditors.

We would like to stress that we will continue to work closely with both the Trust and yourselves to ensure that the positive changes at the service are sustained. We are grateful of the support we have received from both the Trust and yourselves to ensure that the people we support are fully safeguarded and receive the best quality of support possible. The partnership working we have described is,

	<p>in our opinion, essential moving forwards and we will continue to ensure this happens from our perspective.</p> <p>We are still waiting on the report from the Western Trust Auidtors. Once this is received its findings will be reviewed and appropriate action taken, along with advising RQIA of the findings and actions taken.</p>		
<b>Registered Manager Completing QIP</b>	Deane McMorris	<b>Date Completed</b>	10.08.15
<b>Registered Person Approving QIP</b>	Neil Wadge	<b>Date Approved</b>	10.08.15
<b>RQIA Inspector Assessing Response</b>	Joanne Faulkner	<b>Date Approved</b>	18/8/15

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

Please provide any additional comments or observations you may wish to make below: