



The **Regulation** and  
**Quality Improvement**  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Domiciliary Care Services (Downpatrick and Lisburn)  
**Establishment ID No:** 11284  
**Date of Inspection:** 22, 25 and 26 September 2014  
**Inspector's Name:** Amanda Jackson  
**Inspection No:** 16595

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of agency:</b>	Domiciliary Care Services (Downpatrick)
<b>Address:</b>	First Floor, Main Building Downshire Estate, Ardglass Road Downpatrick BT30 6RA
<b>Telephone Number:</b>	(028) 4451 3891
<b>E mail Address:</b>	sarah.browne@setrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	South Eastern HSC Trust / Mr Hugh Henry McCaughey
<b>Registered Manager:</b>	Ms Veronica Cleland (acting)
<b>Person in Charge of the agency at the time of inspection:</b>	Ms Jane Lindsay (currently registering with RQIA as manager)
<b>Number of service users:</b>	533
<b>Date and type of previous inspection:</b>	10 February 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 22 September 2014 09.15 to 15.30 hours And 25 September 2014 (HR Recruitment review) 09.30 to 11.00 hours And 26 September (HR Recruitment review) 08.30 to 10.00 hours
<b>Name of inspector:</b>	Amanda Jackson

## 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	7
Staff	8
Relatives	5
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	35	11

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**  
**Standard 8 – Management and control of operations**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**
- **Theme 2**  
**Regulation 21 (1) - Records management**
- **Theme 3**  
**Regulation –13 Recruitment**

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

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

The Domiciliary Care Services (Down and Lisburn) is based on the first floor of the main building, Downshire Estate, Downpatrick and is one of two domiciliary care offices within the South Eastern Health and Social Care Trust. The agency serves the Down and Lisburn areas including Newcastle, Downpatrick and Ballynahinch (Down area) and Lisburn, Hillsborough, Dunmurry (Lisburn area). Under the direction of the registered acting manager Mrs Veronica Cleland a staff team of 222 staff provide a range of services to 533 people living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The majority of service users are older people, but they also provide services to those with a learning disability and/or a physical disability that require assistance to maintain an independent lifestyle.

One requirement was made during the agency's previous inspection on 10 February 2014. This requirement was found to be 'substantially compliant' with staff quality monitoring still requiring attention to ensure consistency with the policy timeframes.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for the Domiciliary Care Services (Down and Lisburn) was carried out on 22 September 2014 between the hours of 09.15 hours and 15.30 hours and 25 September 2014 between the hours of 09.30 and 11.00 hours and 26 September 2014 between the hours of 08.30 and 10.00 hours. The agency has made steady 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 05 and 08 September 2014, and a summary report of findings is contained within this report. Findings following these home visits were discussed with the Jane Lindsay (registering manager with RQIA).

The inspector had the opportunity to meet with eight 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 the staff group 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.

**Four requirements and two recommendations have been made in respect of the outcomes of this inspection.**

### **Staff survey comments**

35 staff surveys were issued and 11 received which is a reassuring response.

Staff comments included on the returned surveys were:

"Very good firm to work for".

"I find my employers very caring. Guidelines and rules are followed very strictly with patient care always at the centre and our training is very stringent but enjoyable".

## Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with seven service users and five relatives on 5 and 8 September 2014 to obtain their views of the service being provided by South Eastern Health and Social Care Trust's homecare service in the Downpatrick locality. The service users interviewed are located in Newcastle and Moira areas, have been using the agency for a period of time ranging from approximately one to eleven years, receive at least two calls per day and the following assistance:

- Management of medication
- Personal care
- Meals
- Housework

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. There were mixed results regarding new carers being introduced to service users by a regular member of staff; it would be good practice for the agency to do so when possible. The majority 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 the majority of the people interviewed had no concerns regarding the quality of care being provided by the carers from the South Eastern Trust. Only one person had made a complaint about the agency, however all were aware of whom they should contact if any issues arise.

It was concerning to note that the majority of the people interviewed were unable to confirm that management visit to ensure their satisfaction with the service or that observation of staff practice had taken place in their home; the matter was discussed with the registered manager as part of the inspection. Records reviewed during inspection confirmed service user quality visits were taking place in accordance with the agency policy and procedure timeframes however the inspector did discuss the area of staff quality monitoring as an area for attention (see requirement one within the follow up section of this report).

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

- "Never had any complaints."
- "They're very good. I enjoy the craic with them as well."
- "I like that the carers never talk about other clients as I live in a small community."
- "Get on the best with them."
- "The girls are very good; I have no complaints."

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 six service users. During the home visits, the UCO noted that none of the service users were experiencing restraint in the form of bed rails or lap bands therefore no documentation was available to review in this respect. The agency do have a number of service users with bedrails in place and the process for risk assessing was found to be compliant as discussed within theme two of this report.

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; this was supported by those people interviewed by the UCO. Discussion with Jane Lindsay (registering manager) during inspection confirmed one service user in receipt of shopping. Review of service user records during inspection and discussion with Jane Lindsay (registering manager) confirmed that although receipts were available for the service users shopping the daily record sheets and carbon copy receipts were not available for review and are required for review to ensure compliance in this area.

During the home visits, the UCO was advised that three service users are receiving assistance with medication by the carers; however the medication logs were not completed consistently.

The above matter was discussed with the registering manager Jane Lindsay as part of the inspection and have been requested to be addressed.

All visits by carers are recorded on log sheets which are held in the service user's home and it was good to note that no issues were identified by the UCO. However it was noted that three care plans and one risk assessment contained out of date information and require to be updated accordingly.

## **Summary**

### **Theme one - Management and control of operations**

#### **Management systems and arrangements are in place that support and promote the delivery of quality care services.**

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

The agency's 'Statement of Purpose' dated December 2013 and the area of Management, control and monitoring of the agency policy dated September 2014 viewed contain details of the organisational structure together with the qualifications and experience of senior staff.

Discussions with the registering manager Jane Lindsay during inspection and review of records for the managers and management 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 for band 5 area managers has been developed by the agency/trust and is operational during 2014 for these staff. This process is proposed for implementation for co-ordinators in early 2015.

Review of appropriate appraisal processes for all management staff were confirmed during inspection however supervision processes were not found to be compliant with the trust policy of monthly and have been requested for review.

Monthly monitoring processes are currently in place and operational. The report template was recommended for update during inspection to include an area for staff competence matters as appropriate and compliance levels regarding staff and service user quality monitoring.

Records regarding two incidents were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

One requirement and two recommendations have been made in relation to this theme and relate to management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3), and the review of manager and management staff supervision in line with Standard 9, Appendix 1 and Standards 13.2, 13.3 and 13.5.

## **Theme 2 - Records management**

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

The agency has a policy and procedure in place on 'Recording and reporting care practices' currently in draft format which was found to be satisfactory and in line with standard 5 and contain 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 prior to inspection highlighted some inconsistencies in practice and these have been required for review.

The agency has a trust wide policy and procedure in place on use of restraint dated May 2012 which was reviewed as satisfactory. The agency currently provides care to a number of service users that require some form of restraint i.e. bedrails. Risk assessments in relation to this area were fully detailed during inspection.

The agency has a policy or procedure on 'Handling Service Users Monies' dated January 2014 which was reviewed as satisfactory. Service user records reviewed during the inspection did not fully support the procedure and this was discussed with Jane Lindsay (registering manager) for review.

One requirement has been made in relation to this theme and relates to staff recording in service users home files compliant with the agency policies and procedures, Regulation 21(1)(2) and 15(6) and Standards 5.2, 5.6 and standard 8.14.

## **Theme 3 – Recruitment**

The agency has achieved a level of **moving towards compliance** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed partial compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2 and requires for a number of areas to be addresses as discussed within theme three of this report.

Two requirements 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.**



			<p>compliant with the revised policy with one file reviewed containing more than one quality monitoring visit.</p> <p>The inspector recommended to Jane Lindsay (registering manager) to review compliance in both service user and staff quality monitoring as part of monthly monitoring report process.</p>		
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<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<b>Criteria Assessed 1: Registered Manager training and skills</b>	
<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). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<b>Provider's Self-Assessment:</b>	
<p><b>The registered manager has the relevant experience and qualifications for the role as outlined in the statement of purpose. These skills are updated in accordance with regulatory and organisational requirements and identified personal development needs. A record of training is maintained. Policies and procedures on the management and control of operations are in place.</b></p>	Compliant
<b>Inspection Findings:</b>	
<p>The statement of purpose dated December 2013 and the area of Management control and monitoring of the agency which the agency holds within a number of policies dated August 2012 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered persons Hugh McCaughey, registered acting manager Veronica Cleland, together with the domiciliary area managers, co-ordinators and all other staff including management and care staff.</p>	Compliant

<p>The inspector in discussion with Jane Lindsay (registering manager with RQIA) recommended a separate policy for the area of Management, control and monitoring of the agency for ease of reference for both the service managers and the inspector in the future. Development of this policy and procedure for day two of inspection (within the Down and Lisburn office) and dated 17/09/14 confirmed compliance.</p>	Compliant
<p>Training records for the registered acting manager Veronica Cleland and Jane Lindsay (registering manager) were found to be in place regarding a few areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) including Vulnerable adults and Moving and handling. The additional mandatory training areas are appropriate to other management staff within the agency who directly manage and co-ordinate care staff. The registered acting manager has also completed training in the areas of supervision and appraisal.</p>	Compliant
<p>The few areas of training reviewed did not include a competency assessment. Discussion with Jane Lindsay (registering manager with RQIA) confirmed that a percentage of the training takes place within the domiciliary care specific training team while the remaining training is a trust wide training team/programme. Training records for both elements were available during inspection in the form of an overview record. Jane confirmed that staff would not be detailed on such records had they not been deemed competent at the close of each training session. Competency assessments completed during the trust wide training are maintained by the training team. Evidence of training materials, trainers names and qualifications were all available for review during the inspection.</p>	Compliant
<p>The registered acting manager Veronica Cleland completed a Masters over recent years while Jane Lindsay (registering manager with RQIA) is currently enrolled on the MSC in Inter professional health and social care management (year 2) which is to be commended in keeping abreast of new developments.</p>	Compliant
<p>It was discussed and reviewed during inspection that the registered acting manager Veronica Cleland and Jane Lindsay (manager currently registering with RQIA) are currently registered with NMC from present to 2015 for both managers</p>	Compliant

<p><b>Criteria Assessed 2: Registered Manager’s competence</b></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><b>Provider's Self-Assessment:</b></p>	
<p><b>The Registered Manager ensures that medication errors and incidents are reported in line with Trust procedure. These are reviewed by the Registered Manager and also reported to the Risk Management department via an IR1 form as well as being reported through the appropriate organisational Governance Forum. In accordance with regulations, medication errors and incidents are reported to the RQIA by the Registered Manager or their delegated officer.</b></p> <p><b>The Registered Manager ensures that working practices are regularly audited in a number of ways including monthly supervision with Area Managers and internal and external ISO audits which are designed to demonstrate compliance with regulations, policies and procedures.</b></p> <p><b>The Registered Manager ensures that incidents, accidents, near misses, complaints and compliments are reviewed and captured through the governance framework. Lessons learned and outcomes are cascaded by the Registered Manager via team meetings with Domiciliary Area Managers and Team Briefs which are also shared with all administrative staff in the Department.</b></p> <p><b>The Registered Manager ensures that Domiciliary Area Managers undertake monthly provider visits which capture the views of a number of service users, families and staff in regards to the quality of the service provided.</b></p>	<p><b>Compliant</b></p>

<p><b>Through reviewing the outcomes of monitoring of service users and staff, the Registered Manager ascertains that training received by staff is effective in practice and through monthly supervisions and annual appraisal, ensures that training received by Domiciliary Area Managers is effective in supporting them to fully meet the requirements of their role.</b></p>	
<p><b>Inspection Findings:</b></p>	
<p>The trust Supervision policy and procedure dated June 2007 (Supervision policy, standards and criteria, guidance for NI Health and Social Care Trusts) was clearly referenced regarding practices for management staff supervision which is detailed to take place monthly.</p>	<p>Compliant</p>
<p>The agency appraisal guidance dated November 2010/2011 was clearly referenced regarding practices for management staff appraisal and timeframe of once annually.</p>	<p>Compliant</p>
<p>Appraisal for the managers currently takes place on an annual basis and was reviewed for 2014 for the registered acting manager Veronica Cleland. Jane Lindsay (registering manager with RQIA) has not received appraisal to date as her post only commenced in April 2014.</p>	<p>Compliant</p>
<p>Supervision for both managers was reviewed during inspection as taking place regularly however not always consistent with monthly timeframes. Records for Veronica Cleland evidenced bi-monthly supervision whilst records for Jane Lindsay evidenced one month were supervision had not occurred due to summer holidays.</p>	<p>Substantially compliant To be commenced with immediate effect</p>
<p>The inspector reviewed the agency log of two incident reported through to RQIA over the past year (not vulnerable adult incidents). Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the matters within appropriate timeframes.</p>	<p>Compliant</p>
<p>Monthly monitoring reports completed were reviewed during inspection for March, April and August 2014 and found to be detailed, concise and compliant. These reviews are currently being carried out by a range of other service managers within the trust i.e. daycare managers and residential home managers to ensure a varied approach with fresh views. The inspector recognised the benefit of this approach but did raise the question around consistency of follow through on matters reviewed. Jane Lindsay (registering manager) confirmed continuity is maintained during monthly residential, daycare and domiciliary care manager team meetings which were</p>	<p>Compliant</p>

evidenced during the inspection. Revision of the report template was recommended during inspection to include a staff competency area for use as appropriate.

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></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><b>Provider's Self-Assessment:</b></p>	
<p><b>Staff are not routinely involved in administration of medications, however if no one else is available to assist / provide this service for the service user, and it where it has been agreed and outlined in the care plan, individual training is provided by an appropriate healthcare professional.</b></p> <p><b>A robust recruitment and selection process is in place and adhered to. All new staff undertake an induction program and are provided with training specific for their role and as required by the NISCC. All domiciliary care staff are aware of both initial and on-going mandatory training requirements, and this is reviewed by managers during supervision. The Training Manager also holds a central record of compliance. Where it is identified that specific additional training is required then this is arranged via the appropriate department.</b></p> <p><b>Domiciliary Area Managers are trained in supervision and performance appraisal. Records of this training are held by the Registered Manager.</b></p>	<p><b>Substantially compliant</b></p>
<p><b>Inspection Findings:</b></p>	

<p>The agency do not hold a training and development policy and procedure per se as all training is held within the trust wide overarching training programme and operates on a yearly rotating basis based on trust staff needs following staff appraisals.</p>	<p>Compliant</p>
<p>Training records for two randomly selected area managers and two randomly selected co-ordinators were found generally to be in place regarding all areas of mandatory training areas with exception to service users money, restraint/challenging behaviour and vulnerable adults which were not clearly referenced within the training reviewed.</p>	<p>Substantially compliant</p> <p>To be completed three months from the date of inspection</p>
<p>Both of the area managers had evidence of appraisal training but not supervision training. All areas of training are recommended for review.</p>	<p>Compliant</p>
<p>Band 5 area management staff have recently been introduced to a new management staff competence assessment which in turn will be rolled out for co-ordinators by early 2015. This competency assessment reviewed for two area managers during inspection sits alongside the trust policy and procedure dated June 2014 for “Competency of band 5 domiciliary care managers” and covers key areas such as staff knowledge on RQIA processes, knowledge of key policies i.e COSHH, Vulnerable adults, Care Planning, Risk Assessments, staff communication and record keeping. The competency assessment further assesses band 5 area managers competence in maintaining their own care teams staff training, supervision and appraisal.</p>	<p>Compliant</p>
<p>It was discussed and reviewed during inspection that all domiciliary area managers are currently registered with NISCC from present until 2015/2016/2017.</p>	<p>Compliant</p>

<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b></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><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Domiciliary Area Managers ensure that working practices are regularly audited in a number of ways including both face to face supervision and monitoring in a service users home and through involvement in internal and external ISO audits which are designed to demonstrate compliance with regulations. Reporting of incidents, accidents, near misses, complaints and compliments are reviewed the Registered Manager and captured through the governance framework. Lessons learned and outcomes are cascaded via Admin and Care Worker team meetings.</b></p> <p><b>The Area Managers report medication errors and incidents to the Registered Manager in line with Trust procedure. They ensure that the Risk Management department is informed via an IR1 form which are also captured and reported through the appropriate Governance Forum. In accordance with regulations, medication errors and incidents are reported to the RQIA by the Registered Manager or their delegated officer.</b></p> <p><b>Through monitoring of service users and staff, the Domiciliary Area Managers ensure that evidence is gathered to demonstrate that training is effective in practice. Rolling satisfaction surveys are issued to service users to comment on service delivery. All staff are encouraged to share learning from training at team meetings and to identify areas of further training that that would improve the safety and quality of services provided. All staff participate in annual appraisal and agree personal development plans, records</b></p>	<p><b>Compliant</b></p>

<p><b>are kept to reflect this.</b></p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision policy and procedure dated June 2007 (Supervision policy, standards and criteria, guidance for NI Health and Social Care Trusts) was clearly referenced regarding practices for management staff supervision which is detailed to take place monthly.</p> <p>Appraisal for the two area managers reviewed takes place annually and was reviewed during inspection for 2014. Supervision which is detailed within the policy as monthly was generally in compliance with exception to a few months where supervision appeared to not have taken place.</p> <p>Appraisal for the two co-ordinators reviewed during inspection presented similar findings to other management staff with appraisals taking place annually. Supervisions presented were reviewed as monthly and this is to be commended.</p>	<p>Compliant</p> <p>Substantially compliant</p> <p>To be commenced with immediate effect</p> <p>Compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially Compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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**THEME 2  
Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

**COMPLIANCE LEVEL**

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.



<p>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. Downpatrick area manager did evidence to the inspector were staff competence was raised in the area of recording and the action taken to address this matter with the staff member.</p>	<p>Compliant</p>
<p>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.</p>	<p>Compliant</p>
<p>Jane Lindsay (registering manager) discussed records management as a regular topic for discussion during staff meetings/group supervision, review of two recent staff meeting minute records dated 13 May 2014, 10 June 2014 evidenced this topic.</p>	<p>Compliant</p>
<p>Review of six service user files by the RQIA UCO prior to inspection confirmed appropriate recording in the general notes but highlighted inconsistencies in medication recording and a number of care plans and risk assessments were found to be out of date. All matters were requested for review to ensure consistency of approach. The inspector also recommended staff detailing the number of tablets given as good practice.</p>	<p>Moving towards compliance To be completed one month from the date of inspection.</p>
<p>Review of service user records during the UCO visits did not evidence service user restraint. Discussions with Jane Lindsay (registering manager) during inspection confirmed that restraint is in place for two service users in respect of bedrails. Review of both service user files during inspection evidenced documentation in the form of a bedrail assessment for both files reviewed while the agency is awaiting the assessment from district nursing services in respect of the third service user.</p>	<p>Compliant</p>

<p><b>Criteria Assessed 2: Service user money records</b></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><b>Provider's Self-Assessment:</b></p>	
<p><b>All staff have received training in the procedure for handling service users’ monies and have been issued with a copy of this procedure which outlines roles and responsibilities if there is an assessed and documented need to handle a service users money in their care plan.</b>  <b>The Service User Guide outlines that we encourage staff not to participate in this task, however if they are required to do so a receipt of all transactions should be maintained. Compliance with this standard is checked through service user monitoring</b></p>	<p><b>Compliant</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Review of the care plans during the inspector home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. Discussion during the inspection day by the inspector with the registering manager Jane Lindsay confirmed shopping is in place for one service user. Review of records for this service user presented receipts but not the carbon copy book in compliance with the agency policy and procedure. This was requested for review by the registering manager Jane Lindsay as appropriate.</p>	<p>Substantially compliant</p> <p>To be completed one month from the date of inspection</p>

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

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

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

<p><b>Provider's Self-Assessment:</b></p> <p>As a large Health and Social Care Trust, the Registered Manager works in conjunction with colleagues in the Human Resources department to ensure robust recruitment and selection processes of staff appropriate for specific role and in line with needs of the service.</p> <p>Staff attend training in recruitment and selection and updates are a mandatory requirement if they are involved in the recruitment process. The Registered Manager holds records of this training as well as NISCC registration details. Staff are aware of the need to be compliant with the requirements of their statutory registration.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>Review of the trust recruitment policy dated April 2011 confirmed substantial compliance with regulation 13 and schedule 3 and standard 11.1, and standard 9.5 but is required for review in terms of the three year timeframe for policy review in line with standard 9.5. The policy also requires review in terms of the timeframe for records retention in respect of staff recruitment information in compliance with the 8 year timeframe under Regulation 21(1)(b) and Schedule 4 together with Regulation 13 and Schedule 3.</p> <p>Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to:</p> <ul style="list-style-type: none"> <li>• Confirmation of staff member’s relationship to their NOK.</li> <li>• Proof of identification to be consistently confirmed across both agency/trust areas (North down and Ards and Down and Lisburn).</li> <li>• References to be confirmed for appropriateness (i.e most recent employer) and if taken verbally these should be detailed by the author taking the information confirming the person /referee spoken with, name and signature of author taking the reference details and dated.</li> <li>• Satisfactory knowledge of English language to be evidenced.</li> <li>• Gaps in employment are required to be verified and evidenced for future inspections.</li> <li>• Staff contracts to be consistently signed and evidenced within staff files.</li> <li>• Issuing of job descriptions is required to be evidenced.</li> <li>• Access NI checks to be confirmed for all staff members.</li> </ul>	<p>Substantially compliant</p> <p>To be completed three months from the date of inspection.</p> <p>Moving towards compliance</p> <p>To be commenced with immediate effect for all new staff members and Access NI to be completed for two existing staff member reviewed during inspection.</p>

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Moving towards compliance

## **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 chose not to review the 2013 complaints as the last inspection took place in January 2014. Review of three 2014 complaints during this inspection confirmed all records to be compliant.

### **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 **Jane Lindsay (registering manager)**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Amanda Jackson**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Unannounced Primary Inspection

#### Domiciliary Care Services (Down & Lisburn)

22, 25 and 26 September 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 **the registering manager Jane Lindsay** 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 11(1) Regulation 11(3)	<p>The registering manager is required to ensure all training records and associated competency records for management staff are compliant with Regulation 11(1) Regulation 11(3), Standards 8.17, 12.6 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with standard 13.1.</p> <p>As discussed within theme one, criteria three of this report.</p>	Once	<p>Any outstanding training identified has been undertaken or scheduled to take place at the earliest possible opportunity.</p> <p>All managers are competent in utilising the regional guidance for supervision, policy, standards and criteria (RIT) which has been in place for some time</p>	To be completed three months from the date of inspection
2	Regulation 21(1)(2) Regulation 15(6)	<p>The registering manager is required to ensure all service user records are maintained in compliance with Regulation 21(1)(2) and standards 5.2 and 5.6. including records relating to service users monies in compliance with Regulation 15(6) and standard 8.14.</p> <p>As discussed within theme two, criteria one and two of this report.</p>	Once	Registered Manager has reinforced the Department's policy with managers and staff to ensure compliance	To be completed one month from the date of inspection

3	Regulation 21 and Schedule 4	<p>The registering manager is required to ensure the trust recruitment policy and procedure is compliant with Regulation 21, Schedule 4 and Standard 11.1.</p> <p>As discussed within theme three, criteria one of this report.</p>	Once	Due to pending changes in regional recruitment this policy has not been reviewed however in light of report an interim review will be carried out within three months from date of inspection	To be completed three months from the date of inspection.
4	Regulation 13 and Schedule 3	<p>The registering manager is required to ensure the trust recruitment procedures are compliant with Regulation 13, Schedule 3 and Standard 11.2.</p> <p>As discussed within theme three, criteria one of this report.</p>	Once	All staff are AccessNI checked in line with the relevant legislation. At the time of the inspection there was no evidence that an Access NI check had been completed for this employee. An AccessNI form for this employee has now been completed	To be commenced with immediate effect for all new staff members And Access NI to be completed for one existing staff member reviewed during inspection.

**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	Standards 13.2 13.3 and 13.5	<p>The registered person is recommended to ensure all managers supervisions are up to date and compliant with the agency policy and procedure timeframes.</p> <p>As discussed within theme one, criteria two of this report.</p>	Once	<p>Supervision remains in accordance with the agencies policies and procedures which includes provision to ensure that any postponed session is reconvened at the earliest opportunity.</p> <p>Acting Registered Manager is supervised in accordance with the Trust's supervision policy for nursing staff (attached). Registering Manager had one missed supervision due to A/L – this was replaced with a telephone briefing with the Acting Manager and reconvened at earliest opportunity in accordance with policy.</p>	To be commenced with immediate effect
2	Standards 13.2, 13.3 and 13.5	<p>The registering manager is recommended to ensure all management staffs supervisions are up to date and compliant with the agency policy and procedure timeframes.</p> <p>As discussed within theme one, criteria four of this report.</p>	Once	Supervision remains in accordance with the agencies policies and procedures which includes provision to ensure that any postponed session is reconvened at the earliest opportunity.	To be commenced with immediate effect

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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Veronica Cleland
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Hugh McCaughey

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	A.Jackson	03/11/14
Further information requested from provider			