



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: HCNI Ltd T/A Caremark
Establishment ID No: 12172
Date of Inspection: 2 February 2015
Inspector's Name: Amanda Jackson
Inspection No: IN020633

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	HCNI Ltd t/a Caremark
Address:	Unit 5E, North Down Development Organisation Ltd 2 - 4 Balloo Avenue Bangor BT19 7QT
Telephone Number:	028 9146 7004
E mail Address:	north.down&ards@caremark.co.uk
Registered Organisation / Registered Provider:	HCNI Ltd
Registered Manager:	Emily Margaret Magrath
Person in Charge of the agency at the time of inspection:	Emily Margaret Magrath
Number of service users:	145
Date and type of previous inspection:	Pre-Registration Inspection 21 May 2013
Date and time of inspection:	Annual Unannounced Inspection 02 February 2015 09.15 to 17.00 hours
Name of inspector:	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	1
Staff	4
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	30	8

Inspection Focus

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

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

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

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

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

HCNI Ltd t/a Caremark is a domiciliary care agency based in Bangor, Co.Down and operating since 2013. The agency provides service to approximately 145 service users within the locality areas of Bangor, Newtownards, Donaghadee and Greyabbey (South Eastern HSC trust area) and within Dundonald (Belfast HSC trust area). The agency provides services in the areas of personal care, meal provision, medication management, housework and security checks. The agency currently employs 60 staff.

HCNI Ltd t/a Caremark had no requirements or recommendations made during the agency's previous inspection on 21 May 2013. This outcome is to be commended.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for HCNI Ltd t/a Caremark was carried out on 2 February 2015 between the hours of 09.15 hours and 17.00 hours. The agency continues to make 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 22 and 23 December 2014 and a summary report is contained within this report. Findings following these home visits were discussed with the registered manager and agency care manager at the commencement of the inspection day.

The inspector had the opportunity to meet with four 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.

Five requirements and five recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

30 staff surveys were issued and 8 received which is a reasonable response.

Staff comments included on the returned surveys where:

"I feel that both manager and supervisor are there for me and clients at all times. They are always at hand when help may be needed."

"Have had issues before with during office times and after office times regarding an absent client and also a medication query and have had to use previous experience knowledge as supervisor / manager were unable to help."

"I work with a good team of carers and we all aim to give the best care possible."

"All management and supervisors are very approachable and easy to talk to."

“I previously worked for another care provider before Caremark and I can say that Caremark is 100% behind putting their client’s needs and welfare first.”

“It is important to me to work for a care company that has a high standard of care and supports staff in providing same - Caremark do this.”

“CAREMARK are a good company to work for and are willing to work along with staff in situations that may occur. Example, change of dates due to illness, appointments, funerals. I would say that we have a high standard of care and tidyness to all clients.”

“Poor communication - I wasn’t informed a client had scabies before entering home. However I enjoy working for Caremark and feel there is a lot of room for improvement.”

Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with one service user and five relatives on 22 and 23 December 2014 to obtain their views of the service being provided by Caremark. The service users have been using the agency for a period of time ranging from approximately two to eighteen months and receive assistance with the following at least once per day:

- Management of medication
- Personal care
- Meals
- Housework
- Security checks

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. No concerns regarding the timekeeping of the agency’s staff were raised and the agency usually contacts the service user if their carer has been significantly delayed, this is good practice.

No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed. A number of people interviewed also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from Caremark. None of the people interviewed had made a complaint about the agency, however the majority were aware of whom they should contact if any issues arise. Three of the people interviewed were able to confirm that management visits to ensure their satisfaction with the service and that observation of staff practice had taken place in their home on a regular basis.

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

- “Very happy with the carers.”
- “I would give them 11 out of 10.”
- “The carers and my XXX have developed a good rapport; they’ve become like extended family to us.”

- “If there are any issues with XXX the carers contact us straight away.”
- “Very lucky to have them.”

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 **moving towards compliant** in relation to this theme.

The agency's 'Statement of Purpose' dated 08/04/13 viewed contain details of the organisational structure but requires further development regarding the qualifications and experience of management staff to include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the manager 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 and associated competency assessments have been requested for review.

A staff competency process has been developed by the agency and is operational during 2013/14 for staff induction with exception to those areas referenced in the previous paragraph. Further staff competence assessment was also discussed for review beyond staff induction processes.

Review of appropriate supervision and appraisal processes for all management staff were reviewed during inspection but have not been maintained in compliance with the agency policy timeframes which was discussed during inspection 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 to ensure clear audit trails are evident for matters arising from service user, staff, commissioner feedback and any complaints, incidents etc arising.

Records regarding two vulnerable adult matters and one medication incident were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes however not all information had been detailed on the incident notification form and follow up staff monitoring had not been completed in respect of the medication incident. Both matters have been recommended for review.

Three requirements and four recommendations have been made in relation to this theme and relate to registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 10 and 16(1)(a), and the revision of the staff supervision and appraisal policy and implementation of supervision for management staff in line with regulation 16(4). Further recommendations have been made in respect of standards Standard 7.13 and 14.8 incidents management, standard 8 regarding monthly and annual quality monitoring and standard 9 and appendix 1 regarding policy reviews recommended.

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' dated 22/03/13 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, medication and shopping although recommendation has been made regarding review of the service user agreement in respect of financial management arrangements and review of staff quality monitoring and supervision in respect of the areas of recording and reporting. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of restraint dated 08/03/13 which was reviewed as satisfactory.

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

The agency has a policy and procedure on 'Handling Service Users Monies' dated 02/04/12. Review of service user financial records confirmed compliance.

Three requirements (two of which overlap with theme one requirements regarding staff training and staff quality monitoring and supervision processes) and one recommendation has been made in relation to this theme. The third requirement relates to appropriate documentation in respect of service user restraint in compliance with Regulation 15(10)(11). The recommendation is in respect of standard 5 recording and reporting staff monitoring and review of the service user agreement.

Theme 3 – Recruitment

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

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. with exception to verification of all gaps in employment, statement by registered person or manager regarding staff fitness to practice, full driving licence (for one staff file reviewed), signature on interview notes, immunisation status, contract of employment with commencement date and confirmation of job description being issued at employment commencement

One requirement and one recommendation have been made in respect of this theme.

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

Follow-Up on Previous Issues

There were no previous requirements or recommendations.

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>Caremark's Care Manager is currently completing her QCF level 5 in Health and Social Care Management, ensuring she is fully up-to-date in all areas relevant to the management of the service. She also has her trainer qualification for moving and handling, by the time of inspection she will also have completed Caremark's health and safety management e - learning course. Operation's Director and Registered Care Manager Emily Magrath completed and passed her level 5 QCF in health and social care management on Feb. 2014.</p> <p>The Care Manager has a good understanding of the statement of purpose. The Care Manager completes a weekly report which details, number of service users, number of new, suspended and finished service users, number of CSW (care and support workers) new CSW and finished CSW to ensure that staffing requirements are met. Recruitment is always ongoing with a target set for interviews of prospective CSW on a weekly basis. Weekly management team meetings with the MD, OD, CM and co-ordinators discuss service user numbers, staffing numbers to ensure that staff levels are at a level to meet service user needs. Training records available for inspection of Care Manager and Operation's Director .</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The statement of purpose dated 08/04/13 was reviewed as moving towards compliant reflecting a clear structure regarding the registered person and the registered manager within the agency. The policy requires further development to include the registered person and manager qualifications and those of the remaining management staff and care staff working within the agency. The agency does not currently hold a policy on Management, control and monitoring of the agency and this has been requested for development.</p> <p>Training records for the registered manager were found not to be in place regarding most areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to Vulnerable adults which was completed as part of the managers QCF level 5 qualification in 2014. The manager has also completed training in the areas of supervision during the QCF qualification but appraisal training has not been completed to date.</p> <p>The areas of training reviewed did not include a competency assessment element and this has been recommended to be implemented across all mandatory areas.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.</p> <p>The registered manager completed the QCF level 5 in Leadership for Health and social care services in April 2014 and this was commended during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2015 to 2018.</p>	<p>Moving towards compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Caremark Regional Support Manager from Caremark UK undertakes a quarterly audit to ensure that Caremark North Down, Ards and Belfast is consistent with Caremark policies and processes. Audits available for inspection. Care Manager and co-ordinator's audit files in preparation for these audits on a regular basis to ensure policies and procedures being followed. Registered person also audits care workers and service user's files as part of responsible person's monthly monitoring.</p> <p>Medication errors are reported in incident file, also to Trust Care Manager who actions a quality monitoring form. Trust quality monitoring forms kept in incident file along with relevant incident form. Medication incidents reported to RQIA under notifiable events using a form 1a.</p> <p>Training evaluations are carried out, Care and support worker and management staff supervisions all include discussion around CPD. During care and support worker's 12 week induction period spot checks, moving and handling and medication observations are carried out to evaluate training on practice and procedures. After 12 week induction period, 12 weekly spot checks carried out and moving and handling and medication observations on at least a 6 monthly basis to ensure that training procedures are being put into practice, guidance being given where needed. Staff 8 weekly supervision includes discussion around training and development. During induction staff also have to complete 8 workbooks around the 8 standards to ensure information has been retained during training.</p>	<p>Substantially compliant</p>

<p>All staff have a yearly appraisal with thier line manager which is recorded and placed in their staff office file, appraisals include discussion around review of perfomance, goals and aspirations, CPD. Available for inspection.</p>	
<p>Inspection Findings:</p>	
<p>The agency Supervision and appraisal policy and procedure dated 08/04/13 was clearly referenced regarding practices for care staff supervision which is stated to take place 6 times annually (bi-monthly) but does not reference specific timeframes for staff spot checks. The policy does not clearly reflect the processes for management staff supervision and appraisal. Review and further development of the policy has been requested regarding all matters.</p> <p>Supervision and appraisal for the manager does not take place as the manager is also the agency proprietor and does not carry out day to day management of care staff.</p> <p>The inspector reviewed the agency log of two vulnerable adults and one medication incident reported through to RQIA over the past year. Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the all three incidents within the appropriate timeframes but not all information had been detailed on the incident notification form and follow up staff monitoring had not been completed in respect of the medication incident. Both matters were discussed during inspection.</p> <p>Monthly monitoring reports completed by the registered person were reviewed during inspection for November, December 2014 and January 2015 and found to be detailed, concise and compliant. Revision of the report template was recommended during inspection to include a staff competency area for use as appropriate and to ensure clear audit trails are evident for matters arising from service user, staff, commissioner feedback and any complaints, incidents etc arising.</p> <p>The agency had completed their annual quality review for the year up to August 2014 which was viewed during inspection. This document contains the service user annual questionnaire feedback but does not reference commissioner or staff feedback and has not taken into account the analysis of staff training and other areas as part of the complete annual quality review. All matters have been recommended for consideration within the upcoming annual quality survey.</p>	<p>Moving towards compliance</p>

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Caremark have a full induction which all staff must complete before they are ready to work, including a theoretical induction, including the completion of 8 workbooks of each of the 8 induction standards covered. An e-learning on line course is completed covering the mandatory training followed by a practical session. Staff then do 3 days of shadowing in clients homes. Induction progress is logged in CSW files where workbooks and certificates of training are also kept. Workbooks and induction progress logs are signed off and monitored by our care manager.</p> <p>Our care manager who is our trainer provides training in specific techniques such as adminsitration of medication, stoma care etc, more specefic training like breath stacking training, if required is given by a qualified health professional.</p> <p>Any care and support worker that comes to work for caremark, whether experienced or not, must complete Caremarks full induction training both theoretical, practical and e-learning. Under induction standard 2 continuing professional development, staff have the opportunity to fill out a personal development plan (logged in workbook 2). Ongoing spot checks and supervisons also identify any CPD needs. Yearly appraisals of staff also have a discussion around CPD and training needs if required. Introductory visit by FCS with CSW for new service users also identify training needs.</p> <p>Care co-ordinators, Field Care Supervisors, Care Manager all go through a full induction. Supervision and</p>	<p>Substantially compliant</p>

<p>appraisals of these staff all identify training needs and actions put in place where necessary</p> <p>Field Care Supervisors induction gives guidance on supervsion and performance appraisals. Care Manager completing QCF level 5 which includes a unit on supervsions and line management. Care Manager prints off a weekly training needs analysis which list those CSW who need mandatory training updated.</p> <p>Full training room onsite at office which includes profiling bed and hoist meaning training can take place as and when required by our Care Manager.</p>	
<p>Inspection Findings:</p>	
<p>The agency holds a training and development policy and procedure dated 08/04/13 which sits alongside the agency training database for mandatory training. Review of this policy and database were found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the care manager and two of the three care supervisors were found to be in place regarding the majority of mandatory training areas with exception to service users money, restraint/challenging behaviour and fire safety training which had not been completed or were out of date in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>The care manager has completed training in the area of supervision and appraisal but this was not evidenced within the training file. Both care supervisors have completed training in the areas of supervision and appraisal in 2014 and this is to be commended.</p> <p>Most areas of training reviewed for both care supervisors included a competency assessment element as part of the caremark induction programme which is completed by the individual staff members and signed off by the care manager. Records reviewed during inspection did not evidence this process for the care manager and this was discussed during inspection.</p> <p>Review of all training records and competency assessments is required for review in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.</p>	<p>Substantially compliant</p>

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Caremark Regional Support Manager undertakes a quarterly audit to ensure that Caremark North Down Ards and Belfast, working practices are consistent with Caremark policies and procedures. Audits available for inspection. Care manager and co-ordinators audit files in preparation for these audits on a regular basis to ensure policies and procedures are being followed. Registered person audits care workers and service users files as part of responsible persons monthly monitoring. The auditing of files ensures that all staff including co-ordinators and Field Care supervisors (senior carers) are working consistently with Caremark's policies and procedures.</p> <p>All staff CSW, Co-ordinators, Field care supervisors are trained in medication and medication errors. A field care supervisor will report a medication error through to the office, the Care Manager will deal with the reporting of this on to the necessary bodies. Medication errors are reported in the incident file, also to trust Care Manager who actions a quality monitoing form. Trust quality monitoring froms kept in incident file along with relevant incident form. Medication incidents reported to RQIA under notifiable events using a form 1a, however this is the Care Manager's responsibility.</p> <p>Training evaluations carried out, Care and support worker's and management staff supervisions all include discussion around CPD. During care and suppport worker 12 week induction period spot checks, moving and handling and medication observations are carried out to evaluate training on practice and procedures. After 12 week induction period 12 weekly spot checks carried out and moving and handling</p>	<p>Substantially compliant</p>

<p>and medication observations on a 6 monthly basis to ensure that training procedures are being put into practice. Staff 8 weekly supervision includes discussion around training and development</p> <p>All staff have a yearly appraisal with their line manager which is recorded and placed in their staff office file, appraisals include discussion around review of performance, goals and aspirations, CPD and development plan drawn up. Available for inspection</p>	
<p>Inspection Findings:</p>	
<p>Appraisal for the agency care manager was reviewed for 2014 while appraisal for both care supervisors was not available for review. Supervision for the care manager was reviewed as moving towards compliance as supervision had been completed three times during 2014, while the policy states 6 times annually. Supervision for both care supervisors does not currently take place in accordance with the policy timeframes and has been requested for review.</p>	<p>Moving towards compliance</p>

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

Criteria Assessed 1: General records

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

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

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

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

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

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

COMPLIANCE LEVEL

Provider's Self-Assessment:	
<p>Client and Care and Support worker records are kept in a locked filing cabinet, regular file audits to ensure records are up to date. Computerised records are password protected. Available for inspection.</p> <p>Service users homefiles are kept in an agreed place in the service user's home determined at the assessment or the introductory visit with the service user. These files include copy of Caremark care plan and risk assessments, Trust TTS/Careplan, service user guide, statement of purpose and complaints policy. Log sheets record details of the times (in and out) of each visit and tasks completed at visit. Issues/ changes needed that need passed on to supervisor are also recorded. Log sheets also record any changes in behaviour and any contact CSW has with anybody else ie family/health care representative regarding service user. Any changes in service users needs are also reported through to the office and recorded in the office telephone record book or the clients computerised journal. Any incidents are recorded on an incident report form and kept at the Caremark Office. Contact between health professionals and family members would usually be through the office again recorded in the office telephone log or the clients journal.</p> <p>Quality Reviews are carried out regularly by the field care supervisors which is a full inspection of the clients homefile to ensure the files are meeting company standards. These reviews are filed in the service users office files in a quality assurance form .</p> <p>CSW are trained in report writing and record keeping during their induction training and guided on the expectations of clear, legible and factual records. Service User's log sheets are monitored as they are brought into the office by the Care Manager. Record keeping is also regularly raised at staff team meetings and staff supervisons.</p> <p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The agency policies on Recording and reporting care practices dated 22/03/13, Handling service user's monies dated 02/04/12 and the Restraint policy dated 08/03/13 were all reviewed during inspection as compliant. Review of the staff handbook confirmed all policies to be in place with exception to the service users monies policy however the handbook does include guidance on how to complete a financial record.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording. • Medication administration is detailed on the daily evaluation recording, alongside a separate record for medication recording. The inspector did recommend recording the number of tablets and inclusion of a full list of medication as good practice. This was confirmed as compliant during staff and management discussions regarding the list of medications in service user blister packs. • The agency does not hold a money agreement within the service user agreement and this has been recommended as best practice. • Shopping record for occasional shopping tasks. • Staff spot checking template which does not currently include a section on adherence to the agency recording policy, this has been recommended for future spot checks. • Staff supervision template does not includes records management (recording and reporting) and again this was discussed during inspection. <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of three staff files during inspection did not confirm staff adherence to records management as this area is not currently detailed within the staff spot checks or supervision records for 2014. Review of staff files also highlighted inconsistencies in the quality monitoring and supervision carried out for individual staff members and this has been required for review in line with the agency policy timeframes.</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 moving towards compliance in these areas. A number of areas were found not to be up to date or appropriately signed off and these areas have been requested for review.</p>	<p>Substantially compliant</p>

The registered manager discussed records management as a regular topic for discussion during staff meetings/group supervision, review of three recent staff meeting minute records dated 5 November 2014, 6 November 2014, 19 March 2014 evidenced this topic.

Review of three service user files during the inspection confirmed appropriate recording in the general notes and medication records with exception to the inspector recommendation regarding staff detailing the number of tablets given.

Review of service user records during the inspection and discussion with the registered manager) during inspection confirmed that restraint is in place for a number of service users in respect of bedrails. Review of one service user files during inspection did not evidence such documentation (were appropriate) and again this was discussed during inspection.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>Private service users are invoiced on a monthly basis for services, invoice carried out by Registered Person or Operation's Director. Payments are by cheque or by standing order. Records are kept in the office.</p> <p>Staff are trained in managing service user’s money in the practical induction, a finance record sheet is put in each service users home file for an occasion where they may be asked to buy a small item such as bread, milk or a paper.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Review of one care plan during the inspector home visits advised that this service user is receiving financial assistance in the form of shopping from the agency. This was supported during inspector discussions with the registered manager. Records reviewed for this one service user were found to be compliant.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

<p>Provider's Self-Assessment:</p> <p>Caremark has a full recruitment process all of which is detailed in a CSW file which will be available for inspection. From initial enquiry where a recruitment enquiry form is filled out, if successful at this stage a prospective care worker is invited for interview bringing with them a full application which includes a pre employment health assessment, we also ask for relevant qualifications and certificates including relevant registration certificates. If required gaps of employment are explored at interview. Once interviewed if successful a full identity check is carried out, including access NI enhanced disclosure and identity check (1 photographic ID and 2 address histories). 2 references are supplied one character and one most recent past employer. All information relevant to the identity check is kept on file and copy of enhanced disclosure application form.</p> <p>Once successful a prospective care worker is invited to do the theoretical and practical training however, their shadowing cannot begin until their police check is back and 2 satisfactory references. Once they are ready to shadow copies of their driving licence both paper and card, MOT certificate and Insurance with business is kept on file. ID card is photocopied and kept on file also.</p> <p>If necessary status of work permit/employment confirmed however we have had no-one needing this so far</p> <p>All information regarding CSW recruitment is evidenced in their office files</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>Review of the staff recruitment policy did not take place during inspection but was confirmed by the registered manager to be in compliance 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 confirmation:</p> <ul style="list-style-type: none"> • Verification of all gaps in employment • Statement by registered person or manager regarding staff fitness to practice • Full driving licence (for one staff file reviewed) • Signature on interview notes • Immunisation status • Contract of employment with commencement date • Confirmation of job description being issued at employment commencement 	<p>Substantially compliant</p>

The full driving licence was not fully compliant for one staff member reviewed during inspection and this has been requested for review. Staff contracts signed at employment commencement did not contain dates of employment to allow the inspector to verify dates of issue. Job descriptions issued during the recruitment process were also not confirmed/signed off and this again was recommended during inspection.

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2014 and 31 December 2014. This form was reviewed and found to be satisfactory. The inspector reviewed three of the 2014 complaints during the agency's inspection and confirmed all records to be compliant.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

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Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Emily McGrath (Registered manager), and the agency care 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

Amanda Jackson
Inspector/Quality Reviewer

Date



Quality Improvement Plan

Primary Unannounced Inspection

Caremark

2 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Emily Margaret Magrath (registered manager) and agency care manager** receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 5 and Schedule 1	<p>The registered manager is required to review the statement of purpose to ensure compliance with Regulation 5 and Schedule 1 and page 47 of the minimum standards.</p> <p>As discussed within theme one of the report.</p>	Once	<p>The statement of purpose is currently being reviewed and will be updated to include the qualification, experience and roles and responsibilities of management staff. Once this is complete it will be forwarded to RQIA .</p>	To be completed 02/05/15
2	Regulation 10 Regulation 16(1)(a)	<p>The registered manager is required to ensure appropriate implementation of mandatory training across all staff groups to include supervision and appraisal training for manager and management staff as appropriate. Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p> <p>As discussed within theme one, criteria one and three of the report and within theme two, criteria one of the report.</p>	Once	<p>Supervision and appraisal training has been completed by all management, competency assessments in place for supervisors but not manager. A competency assessment will be developed for the registered manager and the manager to ensure compliance.</p> <p>The registered Managers mandatory training is now fully up to date a competency assessment, certificates and training documents in place in registered managers file.</p> <p>The registered manager will ensure that competency assessments for all areas of mandatory training are in place</p>	To be completed 02/05/15

				across all staff groups. The registered manager will ensure that all staff training records are signed off and up-to-date.	
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3	Regulation 16(4)	<p>The registered manager is required to review and revise the agency policy on Supervision and appraisal and ensure appropriate application across all staff groups including management staff and care staff.</p> <p>(Minimum standard 13)</p> <p>As discussed within theme one, criteria two and four of the report and within theme two criteria one.</p>	Once	<p>Caremark' supervision and appraisal policy is currently under review. Currently bi monthly supervisions of all staff both care and management is required. Until the policy is reviewed the registered manager will ensure that bi monthly supervisions of all staff is applied.</p>	To be completed by 02/05/15
4	Regulation 13 and Schedule 3	<p>The registered manager is required to ensure all staff recruitment information is compliant with Regulation 13 and Schedule 3 and minimum standard 11.</p> <p>As discussed within theme three of the report.</p>	Once	<p>Caremark's interview questions have been adapted to include interviewer signature, a prompt to remind interviewer to note down gaps of employment if necessary, and statement by the registered person on fitness of person.</p> <p>A photocopy of care worker signature on receipt of handbook which includes a copy of job description is now taken</p> <p>Commencement date added to staff agreement.</p> <p>Health declaration form under review to include full immunisation status.</p>	To be commenced with immediate effect from the date of inspection

5	Regulation 15(10)(11)	<p>The registered manager is required to ensure service user restraint in appropriately detailed within the service user care plan/risk assessment.</p> <p>As discussed within theme two, criteria one.</p>	Once	<p>The registered manager will ensure that any service users using restraints, that it is detailed appropriately in both trust care plan and Caremark care plan.</p>	<p>To be commenced with immediate effect from the date of inspection</p>
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Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 9 and appendix 1	<p>The registered manager is recommended to develop or review the following policies and procedures:</p> <ul style="list-style-type: none">• Management, control and monitoring of the agency.• Supervision and appraisal. <p>As discussed within theme one of the report.</p>	Once	<p>A policy on management and control and monitoring of the agency is currently under development and will be sent to RQIA upon completion.</p> <p>Supervision and appraisal policy is currently under review.</p>	To be completed 02/05/15
2	Standard 7.13 Standard 14.8	<p>The registered manager is recommended to ensure all incidents are appropriately followed up and records retained to validate processes.</p> <p>As discussed within theme one criteria two of the report.</p>	Once	<p>The registered manager will ensure that all incidents are appropriately followed up and records retained in incident file to validate process and actions taken.</p>	To be commenced with immediate effect from the date of inspection
3	Standard 8.11	<p>The registered manager is recommended to review the current monthly monitoring process and evidence.</p> <p>As discussed within theme one criteria two of the report.</p>	Once	<p>Now included in the monthly monitoring is a spreadsheet log of what clients, staff and commissioners have been spoken to in the monthly monitoring process</p> <p>Any issues arising from monthly monitoring will have a clear audit trail evidenced for</p>	To be completed 02/05/15

				action and follow ups.	
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4	Standard 8.12	<p>The registered manager is recommended to review the current annual quality review/report.</p> <p>As discussed within theme one criteria two of the report.</p>	Once	<p>This years annual quality report will include a survey of commissioners and results will be disseminated to service users in a letter.</p>	<p>To be completed 02/11/15</p>
5	Standard 4 and Standard 5	<p>The registered manager is recommended to review templates used by the agency for monitoring of staff recording and reporting and review of the service user agreement regarding service user money management.</p> <p>As discussed within theme two criteria one of the report.</p>	Once	<p>Care and Support worker spot check form is currently under review to include monitoring of staff in mandatory training areas and recording and reporting.</p> <p>Staff supervision form is also under review to include a section around recording and reporting.</p>	<p>To be completed 02/05/15</p>

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Emily Magrath
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Richard Magrath

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	13/03/15
Further information requested from provider			