



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Colin Care  
**Establishment ID No:** 10731  
**Date of Inspection:** 20 February 2015  
**Inspector's Name:** Amanda Jackson  
**Inspection No:** IN017352

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**General Information**

<b>Name of agency:</b>	Colin Care
<b>Address:</b>	Cloona House 31 Colin Road Poleglass Belfast BT17 0LG
<b>Telephone Number:</b>	02890431275
<b>E mail Address:</b>	colincare@newcolin.com
<b>Registered Organisation / Registered Provider:</b>	Colin Care / Mrs Annie Armstrong
<b>Registered Manager:</b>	Mrs Philomena (Phyllis) McQuillan (Acting manager)
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Philomena (Phyllis) McQuillan (Acting manager)
<b>Number of service users:</b>	125
<b>Date and type of previous inspection:</b>	Secondary Announced Inspection 13 January 2014
<b>Date and time of inspection:</b>	Annual Unannounced Inspection 20 February 2015 08.30 to 14.30 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	0
Staff	4
Relatives	6
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	25	10

### 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**

Colin Care is a domiciliary care agency based on the Colin Road, Belfast, with 49 (48 at the previous inspection) staff providing community based domiciliary care services to 125 (135 at the previous inspection) frail elderly, physical disability and learning disability adult service users living in the Belfast HSC Trust and the South Eastern HSC Trust areas. Services provided are mainly associated with personal care tasks, overnight sitting and domestic tasks.

Colin Care had two requirements and one recommendation made during the agency's previous inspection on 13 January 2014. The first requirement was reviewed as 'compliant' while the second requirement was not reviewed as it related to the previous manager who has left the agency in December 2014. Review of the recommendation confirmed 'compliance' at the inspection. This outcome is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Colin Care was carried out on 20 February 2014 between the hours of 08.30 hours and 14.30 hours. The agency continues to make steady progress in respect of the identified areas discussed in the body of this report and has undergone some recent changes in management structure which have impacted on compliance within certain areas of the inspection review, namely staff training and quality monitoring practices.

Visits to service users were carried out by the UCO prior to the inspection on 10 February 2015, and a summary report is contained within this report. Findings following these home visits were discussed with the registered acting manager prior to (by the UCO) and during the inspection (by the inspector).

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.

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

### **Staff survey comments**

25 staff surveys were issued and 10 received which is a good response.

Staff comments included on the returned surveys were:

"Team leader always on hand for support management when needed."

"Manger used to help a lot but not now. When someone phones in sick they split that run on to other runs that already have too many clients on them. There is an inner circle of privledged employees. No fairness regarding weekends off."

“If we ever have any problems or need to talk to someone about anything to do with ourselves or clients there is always someone on hand to deal with us.”

“Too many clients on each run, not enough time spent with clients as always under pressure to get to next client. 15 minute calls are just ridiculous. One run had 19 clients on it which is awful and impossible to provide proper care. I would really appreciate that this form does not get back to Colin Care because i have seen a lot of people practically being pushed out of their job for speaking up to management and certain employees. There is a very high turnover of staff and this is due to Colin Care.”

Discussion with the registered acting manager confirmed that the above matters have resolved since changes in management have taken place.

## Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with six relatives on 10 February 2015 to obtain their views of the service being provided by Colin Care. The service users interviewed have been using the agency for a period of time ranging from one to three years and receive assistance with the following at least once per day:

- Management of medication
- Personal care
- Meals

The UCO was advised that care is usually 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. The majority of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency’s staff and they would usually be contacted by the agency if their carer had 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.

It was good to note that all of the people interviewed currently had no concerns regarding the quality of care being provided by the staff from Colin Care and were aware of whom they should contact if any issues arise. One relative advised that they had contacted the agency regarding timekeeping, management of medication and length of calls; however they were satisfied with the outcome of their complaints. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t say a bad word about any of them.”
- “Very pleased with them.”
- “Absolutely brilliant.”
- “Couldn’t give them enough praise.”

It was good to note that all of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service. Only two relatives were able to advise that observation of staff practice had taken place in their home; the acting manager advised that these will be carried out on the appointment of new supervisory staff but are not currently compliant with the agency timeframes due to recent changes in staff structure following staff resignations. A number of people interviewed also confirmed that they have a book from the agency and that it is completed by the carers at all calls.

## 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 'Management, control and monitoring of the agency' policy dated December 2014 and 'Statement of Purpose' dated September 2014 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered acting 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 with exception to those areas referenced in the previous paragraph.

Review of appropriate appraisal processes for the registered acting manager were confirmed during inspection however supervision processes were not fully compliant with the agency policy timeframes for management staff and have been requested for implementation.

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. Further review of the annual quality report was also recommended during inspection in terms of questions presented to various stakeholder groups.

Records regarding one medication incident were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

Two requirements and two recommendations have been made in relation to this theme and relate to registered manager/acting manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3), 13(b) and 16(2)(a), and the review of the staff supervision for management staff in line with Regulation 16(4) and Standard 13.

Recommendations relate to Standards 8.11 and 8.12 regarding monthly and annual quality review processes.

## Theme 2 - Records management

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

The agency has a policy and procedure in place on 'Record Keeping' dated August 2013 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 during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of restraint dated for review August 2015, 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 acting manager and is to be addressed.

The agency has a policy or procedure on 'Handling Service Users Monies/ Financial policy re client affairs' dated September 2014. This was reviewed as appropriate. The agency do not currently manage service user finances and hence this area was not reviewed during inspection.

Staff training and quality monitoring were reviewed during theme two and found to be substantially compliant and moving towards compliance retrospectively. Both areas have been required for review.

Four requirements (two of which overlap from theme one regarding staff training and quality monitoring) have been made in relation to this theme. Additional requirements relate to review of the staff handbook (Regulation 17) and Regulation 15(10) review of service user restraint information.

## 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 confirmation by the registered person/manager regarding staff fitness to practice and the date Access NI checks have been received.

One requirement has been made in respect of this theme.

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

## Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 13(b) Regulation 16(2)(a)	<p>The registered manager is required to ensure the effectiveness of the staff competency process carried out by the agency in assessing staff competence in the area of Vulnerable Adults, Manual Handling and Infection Control.</p> <p>(Minimum Standards 12.9, 14.4 and 14.10)</p>	Review of one staff file during inspection confirmed implementation of the competency process for all areas of training. The inspector recommended that the 'Quality monitoring and control officer' signs off on staff competency assessment to validate completion of same and staff understanding.	Twice	Compliant
2	Regulation 15(9)	<p>The registered person is required to ensure the registered manager of the agency has the appropriate knowledge and competence in respect of managing Vulnerable adults matters.</p> <p>(Minimum Standards 8.17 and 12.4)</p>	This requirement was not reviewed during inspection as the registered manager resigned in December 2014.	Twice	Not applicable

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 8.12	The registered manager is recommended to include all stakeholders (staff and commissioners) in future annual quality review surveys.	Review of the 2014 annual quality report confirmed inclusion of all stakeholders.	Once	Compliant

<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>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></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). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>The registered manager has achieved QCF Level 5 Management as well as NVQ Level 3 in both Health and Social care and Management, ILM Level 4 First Line Management and IIm Level 2 in Team Leading. In addition, manager has eleven years experience in this industry, working her way up to manager. Additional training is scheduled for end of September to cover Recruitment, Record Management and Performance Appraisal . Considered to be competant in all aspects of her job. She is also current in all mandatory training for care workers. Manager is considered to have all the skills and competence to run the company. Her training records are available for inspection.</b></p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The statement of purpose dated September 2014 and the policy on Management, control and monitoring of the agency dated December 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager, together with the Quality, monitoring and control officer, Team leaders and all other staff including management and care staff.</p> <p>Training records for the registered acting manager were found to be in place regarding a few of the areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) including Vulnerable adults, Medication and Fire Safety. Areas which were reviewed not currently to be up to date included Manual handling, Restraint/Challenging behaviour, Managing service users monies (not applicable as the agency do not manage service user monies), Infection control and Food hygiene. The registered acting manager confirmed that mandatory training would not be current in all areas as she is only currently acting into the manager's position while awaiting the new registered manager commencing the position in March 2015. The registered acting manager would normally be operating in the position of Quality monitoring and control officer and as such the inspector recommended review of all mandatory training areas to ensure quality monitoring knowledge in all key mandatory areas.</p> <p>The manager has also completed training in the areas of supervision and appraisal in October 2014 and this is to be commended.</p> <p>Most 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 acting manager is not currently enrolled on any additional training due to the current position of acting. This was discussed during inspection in terms of the new manager due to take up post in March 2015 in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered acting manager is currently registered with NISCC from 2014 to 2017.</p>	<p>Substantially compliant</p>

<p><b>Criteria Assessed 2: Registered Manager's competence</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>Provider's Self-Assessment:</b></p>	
<p><b>All staff are subject to spot checks twice yearly or more often if a concern is raised. Where matters are raised, follow up is put in place. Schedule of spot checks is held by Quality Monitoring Officer and her reports are reviewed monthly. All medication errors are reported as required, however no errors have occurred in the past year. Training on Practice and Procedures is evaluated by way of individual testing at least two weeks after each session. Where learning need is identified, this is addressed. Performance review process is in place and all staff are subject to formal review. All staff are appraised twice annually against agreed objectives.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency Supervision and appraisal policy and procedure dated March 2014 was clearly referenced regarding practices for management and care staff and confirmed as compliant.</p> <p>Appraisal for the registered acting manager currently takes place on an annual basis and was reviewed for 2014. Supervision is specified on the agency policy and procedure to take place monthly and was reviewed as such during inspection up until August 2014 when the registered manager became absent and subsequently resigned. Supervision is due to recommence in March 2015 upon commencement of the new permanent registered manager.</p>	<p>Substantially compliant</p>

The inspector reviewed the agency log of one incident reported through to RQIA over the past year (one medication incident). Review of this incident confirmed appropriate recording and reporting to RQIA regarding the incident within appropriate timeframes.

Monthly monitoring reports completed by the registered manager were reviewed during inspection for December, November and October 2014 and found to be detailed and concise regarding management review of agency matters including number of service user and staff quality visits, incidents, complaints, training completed. Revision of the report template was recommended during inspection to include a staff competency area (including management staff competency matters) for use as appropriate.

The agency had completed their annual quality review for the year 2014 which was viewed; this document does not include their evaluation of staff training completed to date and their proposed future training requirements and this has been recommended for the 2015 report. The quality survey was also recommended during inspection for review in terms of the questions being asked of staff and commissioners in order to capture appropriate feedback. The current process asks the same questions of service users, staff and commissioners which is not appropriate for all questions and stakeholders groups.

<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></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><b>Provider's Self-Assessment:</b></p>	
<p><b>Any Colin Care staff member who provides care to our clients have been fully trained with all mandatory requirements set out by RQIA prior to commencement. Training in specific techniques are covered in our mandatory training. All Team Leaders have at least achieved NVQ Level 2 in Health and Social Care or are currently working towards this qualification. Management staff have been trained in Supervision and Performance Appraisal in house, with additional training scheduled for the end of September. Where individual training needs are identified, these are addressed separately.</b></p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency holds a training and development policy and procedure dated September 2014 which sits alongside the annual training programme for mandatory training. Review of this policy and training plan confirmed compliance in line with RQIA mandatory training guidelines 2012.</p> <p>Training records for the one team leader who commenced post in September 2014 and hence completed a number of areas of mandatory training during induction were found to be in place regarding all areas of mandatory training areas with exception to service users money (not applicable as the agency do not manage service user finances), restraint/challenging behaviour and food hygiene training in compliance with RQIA mandatory training guidelines (September 2012). The agency is currently inducting two part-time/jobshare team leaders and currently</p>	<p>Moving towards compliance</p>

have another team leader on absence.

The team leader records reviewed during inspection has not completed training in the areas of supervision and appraisal as this role is currently covered by the acting manager. The inspector confirmed the agency requirement to cover such training with team leaders if in the future they undertake this role.

Most areas of training reviewed did not include a competency assessment element and this was discussed during inspection.

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 management staff.

<b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider's Self-Assessment:</b>	
<p><b>Monthly reviews are undertaken of the manager by the commercial manager and these are documented. The manager reviews Quality Monitoring Officer who in turn, reviews Team Leaders. Documentary evidence is held on file. Practices are reviewed where appropriate and action taken where necessary. Following Inspections, our Policies and Procedures are amended as required and changes implemented. Where medication incidents occur, these are reported to the appropriate Care Manager and Trusts. No such issues have occurred in the past year. Where staff have been in receipt of training, their performance is reviewed to ensure that the training provided is being implemented. Testing is undertaken at least two weeks after training. All staff have a recorded appraisal each year with their line manager with objectives agreed and set for the following year. Any training needs are identified and plans are put into place to address. All our policies and procedures are scheduled for review in 2015.</b></p>	Compliant

Inspection Findings:	
<p>Supervision for the team leader took place in September and October 2014 in compliance with the agency policy timeframes of monthly. Supervision was confirmed by the acting manager not to have taken place since November due to resource constraints while the acting manager is in position. Induction of the new manager from March 2015 was confirmed during inspection to ensure supervision processes are reinstated as per the agency policy timeframes.</p> <p>Appraisal for the team leader has not taken place to date as the position only commenced in September 2014.</p>	<p>Moving towards compliance</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 2**  
**Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

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

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

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

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

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

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

**COMPLIANCE LEVEL**

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Service Plan is provided by the appropriate Health Trust. This is checked on receipt, signed and dated. A copy of the plan is then brought to the clients home, signed and agreed by the service user and placed in a secure location of their choosing. This plan is updated as required by the care manager and the same procedure is followed as above. In addition to the care plan, a service user agreement is signed and kept in the office. A Daily Record Book is completed on each visit by a carer with time of arrival and departure recorded as well as any information relating to the visit relative to work undertaken as specified in the care plan. Any changes to the client's perceived health or behaviour are noted and if considered appropriate, reported to the Team Leader or Manager. The manager then in turn advises the care manager in the Trust by either email or telephone, seeking advice on what actions need to be taken. Client and/or their family is kept advised during this. If a revised care plan is the outcome the above procedures are followed. Any Incidents, accidents or near misses are recorded in the daily record sheets and then these are reported on to the care manager.</b></p> <p><b>Care Plans on receipt are checked and signed by client and Colin Care representative. They are kept in a locked cabinet in a client file. These are available for Inspection.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Recording and reporting care practices dated August 2013, Handling service user's monies/Financial policy re client affairs dated September 2014 and the Restraint policy dated for review August 2015 were all reviewed during inspection as compliant. Staff handbook details recording and reporting but not Handling service user's monies/Financial policy re client affairs or the Restraint policy and both have been recommended for inclusion.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> <li>• Daily evaluation recording.</li> <li>• Medication administration is detailed on the daily evaluation 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.</li> <li>• Staff spot checking/supervision template which includes a section on adherence to the agency recording policy</li> </ul>	<p>Substantially compliant</p>

All templates were reviewed as appropriate for their purpose.

Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014 however staff had not received spot checks twice annually/supervision in compliance with the agency policy timeframes and this was required for attention following inspection.

No staff competence issues arising during 2014 were discussed by the registered acting manager during inspection.

Staff training records for medication, recording and reporting, restraint and managing service users monies (not applicable as staff do not manage service users finances) were reviewed for three staff members during inspection and confirmed as substantially compliant with the area of restraint/challenging behaviour not evidenced in all three staff files. All staff training where requested for review in this respect.

The registered acting manager discussed records management as a regular topic for discussion during staff meetings/group supervision, review of three recent staff meeting minute records dated 15 December 2014, 8 August 2014 and 3 June 2014 evidenced this topic.

Review of four service user files during 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 two service user records during the inspection and discussion with the registered acting manager confirmed that restraint is in place for a number of service users in respect of bedrails. Review of two service user files during inspection evidenced documentation within one file however absent from the second file and again this was discussed during inspection.

<p><b>Criteria Assessed 3: 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>Where Colin Care staff have access to, or use client money, a policy is in place to protect both the client and staff. Colin Care staff may only assist client's using client monies when this has been agreed by Trust representatives. Staff may assist with shopping and this must be documented in the Daily Record Notes. Receipts are signed for any monies received and in turn for change given when the transaction is completed.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency does not currently manage service user finances hence this criteria was not reviewed during inspection.</p>	<p>Not applicable</p>

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

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

<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>Colin Care advertise for staff from time to time. A recruitment process is in place which ensures that the requirements of RQIA are met in respect of the calibre of person recruited.</p> <p>Following receipt of an application for employment, a review of the application form is undertaken. If the candidate meets minimum requirements they are invited for interview at which photographic evidence is requested. If successful, an enhanced disclosure to include barred list is sought from Access. References are also obtained from last employer and a suitable character referee. Candidate is asked to complete a pre employment health check. In addition, a copy of driving license and insurance is obtained where applicable. If applicant is considered suitable and when all the above checks are completed satisfactorily, a final offer of employment is made and a contract of employment is signed. Any claims to professional or vocational qualifications relevant to caring are checked by sight of original certificate. Following job offer acceptance by candidate, mandatory training and induction are undertaken. Work status is confirmed by way of receipt of national insurance number.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Review of the staff recruitment policy dated due for review August 2015 confirmed general 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 of staff fitness for employment signed by the registered provider or manager and the date of Access NI received. The full driving licence and car insurance were fully compliant for all three staff members reviewed during inspection. Staff contracts signed at employment commencement and job descriptions issued during the recruitment/induction process were also confirmed during inspection.</p>	<p>Substantially compliant</p>

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

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

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed three of the 2014 complaints during the agency's inspection and confirmed all records not to be fully compliant. Staff competence assessments post training and follow up quality monitoring had not been completed were specified as part of the complaint action plans.

### **Moving towards 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 the **registered acting manager and commercial 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

Colin Care

20 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 **Mrs Philomena (Phyllis) McQuillan (registered acting manager) and the commercial 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 11(1)(3) Regulation 13(b) Regulation 16(2)(a)	<p>The registered person and manager/acting manager are required to ensure implementation of mandatory and additional training across all staff groups (including manager, team leaders and care staff) to include supervisions and appraisal training for the registered manager and team leaders 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	Care manager and Quality Control Officer now booked for manual Handling and infection control 14/4/2015 with MTA training.	To be completed by 20/05/15
2	Regulation 16(4)	<p>The registered person and manager/acting manager are required to review the staff spot check, supervision and appraisal procedures and ensure consistent implementation of the process for all 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 of the report.</p>	Once	Supervision and spot checks have now commenced with new paperwork of 20/3/2015 which will also include competency assessment Appraisal forms sent out to all care staff and appraisals have been booked with staff to commence 1/4/2015 New induction training for staff is being implemented to include modules for each section, this	To be completed by 20/05/15

				will also assess staff task competence.	
3	Regulation 17	The registered person and manager/acting manager are required to include relevant policies into the staff handbook.  As discussed within theme two, criteria one of the report.	Once	Client money handling policy is now included in Staff handbook, and copy sent out to all care staff: Client money handling has now been introduced to Staff induction training.	To be completed by 20/05/15
4	Regulation 15(10)	The registered person and manager /acting manager are required to ensure service user care plans and/or risk assessments clearly detail service user restraint.  As discussed within theme two, criteria one of the report.	Once	Client care plans and risk assessments are in the process of being updated to include any service user restraint	To be completed with immediate effect and ongoing
5	Regulation 13 and Schedule 3	The registered person and manager/acting manager are required to ensure staff recruitment processes are fully compliant with Regulation 13 and Schedule 3.  (Minimum standard 11)  As discussed within theme three of the report.	Once	Staff files are in the process of being updated to include a front page recruitment check list to ensure recruitment processes are fully compliant.	To be commenced with immediate effect and ongoing
6	Regulation 22	The registered person and manager/acting manager are required to ensure all complaints procedures are adhered to in compliance with regulation 22.  As discussed within the additional areas examined section of the report.	Once	Complaints procedures have been put into place and relevant staff undergoing training to ensure guidelines are followed.	To be commenced with immediate effect and ongoing

--	--	--	--	--	--

**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 8.11	<p>The registered person and manager/acting manager are recommended to review their current monthly monitoring process to ensure compliance with standard 8.11.</p> <p>As discussed within theme one, criteria two of the report.</p>	Once	monitoring process has been reviewed and RQIA monitoring form now being used as per recommendation.	To be completed by 20/05/15
2	Standard 8.12	<p>The registered person and manager/acting manager are recommended to review their current annual quality review process and report to ensure compliance with standard 8.12.</p> <p>As discussed within theme one, criteria two of the report.</p>	Once	Annual review process paperwork has been reviewed and re-written to ensure relevant questions are asked for appropriate feedback.	To be completed by 20/05/15

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>	Monica McShane
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Annie Armstrong

<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	16/04/15
Further information requested from provider			