



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Spa Homecare  
**Establishment ID No:** 10749  
**Date of Inspection:** 23 February 2015  
**Inspector's Name:** Amanda Jackson  
**Inspection No:** IN016597

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

<b>Name of agency:</b>	Spa Homecare
<b>Address:</b>	77 Grove Road Ballynahinch BT24 8PW
<b>Telephone Number:</b>	02897561898
<b>E mail Address:</b>	<a href="mailto:chris.arnold@adad.co.uk">chris.arnold@adad.co.uk</a>
<b>Registered Organisation / Registered Provider:</b>	Spa Nursing Homes Ltd/ Chris Arnold was due to submit an application to become registered person at the previous inspection (1 year ago) but changes in management structure have taken place recently with the proposal to register Sheila King (recently appointed operations manager) as the registered person.
<b>Registered Manager:</b>	Mrs Jocelyn Leyson-Bagood
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Jocelyn Leyson-Bagood
<b>Number of service users:</b>	55
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 24 February 2014
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 23 February 2015 09.15 to 15.30 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	5
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	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**

Spa Homecare Agency is situated in the town land of Spa on the outskirts of Ballynahinch, Co Down. The agency is adjacent to Spa Nursing Home and is also part of the Spa Nursing home group which owns four other nursing homes in the province.

The agency provides care services to 55 service users (decrease of ten since the previous inspection) by a team of 20 staff (same staff numbers since the previous inspection) in the surroundings areas of Ballynahinch, Crossgar, Killyleagh and Saintfield. Support is provided to all client groups with the exception of children and young people. Support provided includes personal care, domestic tasks and medication management.

### **Review of action plans/progress to address outcomes from the previous inspection.**

Spa Homecare had no requirements or recommendations made during the agency's previous inspection on 24 February 2014. This outcome from last year's inspection is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Spa homecare was carried out on 23 February 2015 between the hours of 09.15 hours and 15.30 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 18 February 2015, and a summary report is contained within this report. Findings following these home visits were discussed with the registered manager, operations manager and both co-ordinators.

The inspector had the opportunity to meet with five 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.

### **Three requirements and six 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 where:

"I get on very well with my co-ordinators and find them very helpful and very good with concerns and questions. Also very good at working with me if I need days off or changed."

"The level of care is very good."

“All good. Enjoy working with Spa.”

“Happy with all aspects of work and management.”

### Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with five relatives on 18 February 2015 to obtain their views of the service being provided by Spa Homecare. The service users interviewed have been using the agency for a period of time ranging from approximately one to nine years and receive assistance with the following at least once per week:

- Management of medication
- Personal care
- Meals
- 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 advised of the name of, or are introduced to, new members of staff by a regular carer. All 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.

All of the people interviewed informed the UCO that they had no concerns regarding the quality of care being provided by the staff from Spa Homecare, however they are aware of whom they should contact if any issues arise. Two relatives advised that they had made complaints regarding missed calls. Examples of some of the comments made by service users or their relatives are listed below:

- “I like that the carers are consistent as strangers makes my XXX very anxious.”
- “Very competent at their work.”
- “The girls contact me if there are any issues with my XXX. It gives me peace of mind.”
- “No issues at all.”
- “I appreciate what they do for my XXX.”

It was concerning to note that the majority of the people interviewed were unable to confirm that management from the agency visits to ensure their satisfaction with the service. None were able to confirm that observation of staff practice had taken place in their home. The matter was discussed with the registered manager and co-ordinators during the inspection and records reviewed to confirm staff and service user quality checks are taking place in compliance with the agency policy timeframes. A number of people interviewed also confirmed that they received a book from the agency and that it is completed by the carers at all calls. Recording was confirmed as compliant in all areas during the inspection.

The inspector wished to highlight that a hand written letter was received following the inspection which commended the agency highly on their quality of care and the staff attending the service user. Such a response which is seldom received by the regulator is to be commended to the agency in respect of the quality of service provision.

## 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 February 2014 reviewed 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. The agency does not currently hold a policy on Management, control and monitoring of the agency and this has been recommended.

Discussions with the registered manager, operations manager and both co-ordinators 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 within some areas with exception to those areas referenced in the previous paragraph.

Review of appropriate appraisal processes for all management staff were not confirmed during inspection and supervision processes were also not in place for all 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.

Records regarding incidents were not reviewed during inspection as no matters had arisen since the previous inspection.

Two 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 11(1), 11(3), 13(b) and 16(2)(a), and the revision of the staff supervision and appraisal policy and implementation of supervision and appraisal for all management staff in line with Regulation 16(2)(a) and 16(4). Recommendations include review and development of policies in accordance with standard 8 and 9 and appendix 1 and review of the monthly and annual quality reports.

### Theme 2 - Records management

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

The agency has a policies and procedures in place on 'Record Keeping' (Record keeping and confidentiality dated October 2010 and a second policy on completion of care records dated August 2011 (out of date with three year review timeframe) which were found to be satisfactory and in line with standard 5 and contain guidance for staff on this subject. Policies have

however been requested for review in line with standard 9 three year timeframes alongside a number of other policies.

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 policies and procedures in place on use of restraint (Restraint policy dated September 2010 and Challenging behaviour policy dated May 2010) which was reviewed as satisfactory but again out of date with the three year review timeframe.

The agency does not currently provide care to any service users that require restraint therefore records could not be reviewed in this respect. This area was discussed with the registered manager and co-ordinators for future consideration.

The agency has a policy or procedure on 'Handling Service Users Monies' dated February 2014. Review of financial records confirmed compliance during inspection.

Other areas reviewed during theme two which require attention included the staff supervision policy and process and review of staff training in compliance with standard 12.7 and 12.9.

One requirement and two recommendations have been made in relation to this theme and relate to staff training compliant with the RQIA mandatory training guidelines 2012 and review of the staff supervision policy and processes in line with standard 13. All policies and procedures have also been recommended for review in line with standard 9.

### **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 of staff immunisation status and sign off regarding staff fitness by the registered person or manager.

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**

There were no previous requirements or recommendations.

<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 manager's training in nursing and management is up to date and ongoing. Trainings were provided by the company, TRUST and RCN. Attended also trainings on agency such as Northern Ireland Ombudsman regarding rights, responsibilities and redress as well as with the Northern Ireland Equality Commissions regarding Recruitment and Selections.</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose dated February 2014 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered manager together with the two co-ordinators and care staff. The agency do not hold an individual policy on Management, control and monitoring of the agency but detail all relevant information within the Statement of purpose and Quality assurance policy dated February 2014. All matters have been recommended to be detailed within an overarching policy titled “Management, control and monitoring of the agency.”</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to medication which was reviewed in the training records but not dated. Moving and handling did not detail a competency assessment, Managing service users monies was found to be out of date January 2014 while challenging behaviour training had been updated October 2014 but the competency assessment had been completed by the manager but not signed by trainer.</p> <p>The manager had completed training in the areas of supervision and appraisal in January 2013 and this is to be commended.</p> <p>Most areas of training reviewed did not include certificates of training and all additional information compliant with standard 12.7 and did not reference a competency assessment element compliant with standard 12.9.</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 is currently involved in additional training in the area of nutrition for elderly clients and this was discussed during inspection. The agency are also registered with the Independent health care providers (IHCP) and attend updates provided by IHCP 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 NMC from to 31/10/ 2015.</p>	<p>Moving towards compliance</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>The Spa Home care is audited on a monthly basis based on the best standard of care provided in each client in accordance to the legislative guidance of DPHSSPS Minimum standard and standards set by professional bodies and standard setting organization. Any issues are communicated or reported to registered person to ensure that the services delivered to the client is effective and followed the standard guidelines and procedures for delivering the care on a day to day basis.</b></p> <p><b>Any incidents ,accidents and medication errors are recorded and reported to the appropriate authorities on a timely manner. Any actions or learning outcomes from incidents or errors are evaluated appropriate measures to be taken to minimise or prevent any mistakes in delivering care to the client.</b></p> <p><b>Trainings provided for staff are evaluated to reflect any leaning outcome and understanding of the issues or subject discussed.</b></p> <p><b>Staff appraisal are conducted annually by the line manager or co-ordinators to all staff members to review their performance and any personal development plan agreed based on the standard operating procedures of the agency.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	

The agency Supervision policy and procedure dated September 2010 (out of date for review in line with 3 year timeframe) was clearly referenced regarding practices for care staff spot checks, supervision and appraisal timeframes but did not clearly reflect the processes for management staff supervision and appraisal. Revision of the policy and procedure is required in this respect. A separate staff appraisal policy and procedure dated May 2010 (out of date for review in line with 3 year timeframe) was found to be appropriately detailed regarding appraisal processes for all levels of staff.

Supervision and appraisal for the manager has not taken place during 2014-15 due to a change in the management structure with an acting registered person in place and the proposal for a new registered person in the coming month. Supervision and appraisal have been requested for review.

The inspector did not review the agency log of incidents reported through to RQIA over the past year as the agency has not had any reportable matters.

Monthly monitoring reports completed by the registered manager were reviewed during inspection for January 2015, December and November 2014 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 reports to be signed off by the registered person.

The agency had completed their annual quality review for the year 2014 which was viewed during inspection. This document included their evaluation of service user feedback but did not reference staff or commissioner feedback and did not reference staff training completed to date and their proposed future training requirements. All matters have been recommended for the coming 2015 annual report.

Moving towards compliant

<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>The co-ordinators have over 10yrs experience of working as a domiciliary care worker and are qualified to NVQ level 3. They also attend in house training annually, and quarterly meetings in independent health care providers, and roadshow trainings with RQIA</b></p> <p><b>Inductions and orientation for all newly appointed staff are conducted before they will be assign to carry out duties. An experienced staff will be working with the new staff for a week to ensure the best standard of care delivered to client .Training awareness on medication such as application of creams and eye drops was arranged and attended by few staff last 18/6/14 conducted by the local pharmacist. The training needs are identified in individual staff during their supervision and appraisal.Discussed and agreed action plan in order to meet their needs. Managers and Co-ordinators had attended trainings on supervision during our monthly managers meeetings.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency does not hold a training and development policy and procedure for the domiciliary care agency and this has been recommended for development. The agency has an annual training programme for mandatory training which was reviewed during inspection as compliant in line with RQIA mandatory training guidelines 2012.</p>	<p>Moving towards compliance</p>

Training records for the two co-ordinators were found to be in place regarding some areas of mandatory training areas with exception to medication training, manual handling, service users money, restraint/challenging behaviour, Infection control, fire safety and food hygiene. A number of these areas of training had been covered previously but were reviewed to be out of date in compliance with RQIA mandatory training guidelines (September 2012).

Neither of the co-ordinators has completed training in the areas of supervision and appraisal and this has been recommended.

A number of areas of training reviewed included a competency assessment element however these had not been consistently signed off by the assessor and were not present for all mandatory training areas.

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.

NISCC registration was reviewed for both co-ordinators from March 2013 to 2016 and January 2013 to 2016 respectively.

<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>The mandatory trainings are up to date and on going for co-ordinators and care staff. System were in place to ensure that all staff received supervision and appraisals and a copy is maintained and kept in their own file. All staff are fully aware of the written policy on reporting any incidents, error in medication to co-ordinators or manager. Staff are encourage to report any concerns regarding poor practice to the manager or co-ordinator and proper action will be dealt with in order to resolved the identified problem. Manager/co-ordinators will report to the proper agency such as care manager and RQIA.</b></p>	Compliant
<b>Inspection Findings:</b>	
<p>Appraisal for both co-ordinators currently takes place annually and was reviewed during inspection for 2014. Supervision for both staff members has only commenced in October 2014 and was reviewed during inspection alongside an annual performance competence assessment within the role. Staff supervision, appraisal and post training competence have been requested for review alongside the required policy review as referenced above under criteria two.</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise and this was discussed during inspection with the registered manager for future consideration (as required).</p>	Moving towards compliance

<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>
	Moving towards 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 user files are stored in a locked filing cabinet in the office at Spa homecare. These files contain an up to date care plan and time table of services, a risk assessment, an initial visit/referral form and any other notes and correspondence relating to each service user.</b></p> <p><b>A client file is also kept in each service user home. This file contains:-</b></p> <ul style="list-style-type: none"> <li><b>a copy of care plan</b></li> <li><b>risk assessment</b></li> <li><b>service user guide</b></li> <li><b>client details</b></li> <li><b>medication recording sheets</b></li> <li><b>financial recording sheets</b></li> <li><b>evaluation sheets showing - date, arrival and departure time of each visit, signature of carer, details of duties carried out/any changes in client health/changes in circumstances etc</b></li> </ul>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Record keeping and confidentiality dated October 2010 and a second policy on completion of care records dated August 2011 (out of date with three year review timeframe), Handling service user's monies dated February 2014, the Restraint policy dated September 2010 and Challenging behaviour policy dated May 2010 were all briefly reviewed during inspection as compliant. The staff handbook reviewed was not found too detail all policies reviewed and these 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 together with a separate recording template. 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>• Shopping record.</li> <li>• Staff spot checking/supervision template which includes a section on adherence to the agency recording policy.</li> </ul>	<p>Moving towards 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. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising. None at present confirmed during discussion with the registered manager and two co-ordinators.

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. Several areas were found not to be in place and a number of areas were reviewed not to be up to date and have been requested for review.

The registered manager and co-ordinators discussed records management as a topic for discussion during staff meetings/group supervision, review of two recent staff meeting minute records dated 01 April 2014 and 12 February 2015 evidenced this topic. The inspector did however discuss the frequency of staff meetings which appeared only to take place once annually and this has been recommended for review.

Review of five 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 inspector visits and discussion with the registered manager and co-ordinators during inspection confirmed that restraint is not in place for any service users in respect of bedrails or lapbands. Review of service user files during inspection did not therefore take place in this respect.

<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>Domiciliary care workers are encouraged not to act as agents for service users. They may however do some daily shopping/small items for service users. A record is kept in each service user file. A copy of receipt and signatures dated is also kept and brought to office on a monthly basis for audit and safe keeping. All staff are made aware of policy on handling client's money. signatures of the record that staff fully understand the importance of this policy is kept in our file. All staff are also encouraged to report any concerns regarding expenditures.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Review of the care plans during the inspection and discussions with the registered manager and co-ordinators advised that several service users are receiving financial assistance, for example shopping, from the agency. Review of two service user files during inspection confirmed compliance in maintaining appropriate financial records.</p>	<p>Compliant</p>

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

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

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

<b>Provider's Self-Assessment:</b>	
<p>Selection of applicants will be conducted by HR department based in our head office. Several checks are carried out eg Access NI, NISCC registered, barring and vetting list (safeguarding for vulnerable adults and children), and a health questionnaire, for all successful applicants.</p> <p>Two references are gather from previous employer in order to check integrity, skill and knowledge of each successful applicant.</p> <p>During interview we will discuss any gaps in employment and reord any explanations.</p> <p>For overseas applicants current status of work permit is confirmed or revalidated.</p> <p>All appropriate checks are carried out before offering employment by HR department.</p>	<p>Provider to complete</p>
<b>Inspection Findings:</b>	
<p>Review of the staff recruitment policy dated October 2010 (out of date with 3 year timeframe) confirmed general compliance with regulation 13 and schedule 3.</p> <p>Review of three 2013/14 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to immunisation status and a statement by the registered provider or manager regarding staff fitness to practice. The full driving licence and car insurance were compliant for all staff members reviewed during inspection. Staff contracts signed at employment commencement and job descriptions issued during the recruitment 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>
	Provider to complete

<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 did not review the 2013 complaint during the agency's inspection as this complaint was reviewed during the previous 2014 inspection and no further complaints have been received since the previous inspection.

### **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 manager, operations manager and two co-ordinators** 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**

**Spa Homecare**

**23 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 the **registered manager, operations manager and both co-ordinators** 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 is required to ensure implementation of mandatory and additional training across all staff groups (including manager, co-ordinators and care staff) to include supervisions and appraisal training for the registered manager and co-ordinators. 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.</p>	Once	All appraisals and competency assessments will be provided on a regular basis by the registered person in charge	To be completed by 23/03/15
2	Regulation 16(2)(a)(4)	<p>The registered person and manager are required to review of the current staff supervision policy and ensure implementation of staff supervision and appraisal across all staff groups.</p> <p>As discussed within theme one, criteria two of the report.</p>	Once	Policy amended to include supervision of manager and co-ordinators in order to meet required regulation 16(2)a as discussed during inspection	To be completed by 23/03/15

3	Regulation 13 and Schedule 3	<p>The registered person and manager are required to ensure all staff recruitment information is compliant with Regulation 13 and Schedule 3 and standard 11.</p> <p>As discussed within theme three of this report.</p>	Once	Health declaration has been amended to include immunisation as part of the interview process. This has been discussed with HR manager	To be commenced with immediate effect and ongoing
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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 8	The registered manager is recommended to develop a policy regarding the Management, control and monitoring of the agency.  As discussed within theme one, criteria one of the report.	Once	A new policy has been developed in relation to management, control and monitoring of the agency	To be completed 23/05/2015
2	Standard 8.11	The registered person and manager are recommended to review their current monthly monitoring process to ensure compliance with standard 8.11.  As discussed within theme one, criteria two of the report.	Once	The registered person has been informed he has to sign monthly monitoring report in order to meet criteria	To be completed by 23/03/15
3	Standard 8.12	The registered person and manager are recommended to review their current annual quality review process and report to ensure compliance with standard 8.12.  As discussed within theme one, criteria two of the report.	Once	Letter has been issued to care managers re; Quality assurance audit and replies to be included in overall summary	To be completed by 23/05/15

4	Standard 9 and Appendix 1	<p>The registered person and manager are recommended to develop a staff training and development policy.</p> <p>As discussed within theme one, criteria three of the report.</p>	Once	new policy has been developed and commenced to follow protocol for training	To be completed by 23/05/15
5	Standard 9.5	<p>The registered person and manager are recommended to review all policies in line with the recommended three year timeframe.</p> <p>As discussed within various criteria within themes one, two and three of the report.</p>	Once	Policies have been reviewed, amended and updated	To be completed by 23/05/15
6	Standard 13	<p>The registered person and manager are recommended to review the supervision policy and procedure and ensure implementation of process across all staff teams.</p> <p>As discussed within theme two, criteria one of the report.</p>	Once	A new policy has been developed and implemented regarding supervision	To be completed by 23/03/15

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>	Jocelyn Leyson Bagood
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Chris Arnold

<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	20/03/15
Further information requested from provider			