



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Ann's Homecare Ltd  
**Establishment ID No:** 10774  
**Date of Inspection:** 16 October 2014  
**Inspector's Name:** Amanda Jackson  
**Inspection No:** 17353

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

<b>Name of agency:</b>	Ann's Homecare Ltd
<b>Address:</b>	23 Annaghmore Road Portadown BT62 1NA
<b>Telephone Number:</b>	02838851108
<b>E mail Address:</b>	<a href="mailto:pat@annshomecare.co.uk">pat@annshomecare.co.uk</a> and <a href="mailto:ann@annshomecare.co.uk">ann@annshomecare.co.uk</a>
<b>Registered Organisation / Registered Provider:</b>	Ann's Homecare Ltd/ Mrs Ann McQuade
<b>Registered Manager:</b>	Mrs Ann McQuade
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Ann McQuade and Mrs Alice McParland (Quality Control manager)
<b>Number of service users:</b>	400
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 3 June 2013
<b>Date and time of inspection:</b>	Primary Unannounced Inspection 16 October 2014 09.30 to 17.00 hours
<b>Name of inspector:</b>	Amanda Jackson

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	4
Staff	5
Relatives	9
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	40	31

### 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**

Ann's Homecare Ltd provides domiciliary care services to 400 older people and disabled clients in their own homes. Care is provided by a team of 220 care workers (an increase of 40 staff since the previous inspection) supported by the registered manager, quality manager and a number of locality managers/care supervisors (6 in total). Services are based on individual care plans developed in partnership with clients, relatives and the Southern Health and Social Care Trust. Ann's Homecare is based in Portadown and provides domiciliary care over a 24 hour period to the local areas.

Ann's Homecare Ltd had no requirements or recommendation made during the agency's previous inspection on 3 June 2013 and this is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Ann's Homecare Ltd was carried out on 16 October 2014 between the hours of 09.30 hours and 17.00 hours. The agency has made good 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 3 and 6 October 2014 and a summary report is contained within this report. Findings following these home visits were discussed with the Ann McQuade (registered person and manager) and Alice McParland (Quality Control manager).

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.

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

### **Staff survey comments**

40 staff surveys were issued and 31 received which is an excellent response.

Staff comment included on the returned surveys were as follows:

“Manager is very helpful, always available to talk, accommodating”.

“Manager is very helpful at all times”.

“I feel I have gained many qualities as a care worker since starting with AHC.”

“The files in people's houses need to be kept tidy and I think you need a person in to take care of these.”

“Ann's Homecare provide top service to clients at all times.”

“I feel that clients get a high standard of care and management is promptly behind me if an when needed.”

“There is a very clear level of communication within the company. Very easy to talk to.”

“No complaints.”

“Happy working with Ann's Homecare.”

“The agency are very easy to talk to and the communication levels between us is extremely clear. Always able to talk to them about any aspect of our work.”

“There is a high level of care and quality service provided within the agency.”

### **Home Visits summary**

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with four service users and nine relatives between 3 and 6 October 2014 to obtain their views of the service being provided by Ann's Home Care. The service users interviewed live in Dungannon, Newry and surrounding areas, have been using the agency for a period of time ranging from four weeks to ten years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals
- Sitting service

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. The majority of the people interviewed had 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.

None of the people interviewed had any concerns regarding the quality of care being provided by the carers from Ann's Home Care, however they were aware of whom they should contact if any issues arise. One relative advised that they had made a complaint to the agency in relation to missed calls and informed the UCO that they were satisfied with the outcome of their complaint. 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 and that observation of staff practice had taken place in their home.

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

- “All very good.”
- “The service is brilliant.”
- “Hard to find better ones.”
- “Good bunch of girls.”
- “The carer that stays with my XXX is amazing and they get on so well.”
- “Nothing to complain about.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of seven service users. During the home visits, the UCO was informed that two service users were experiencing restraint in the form of bed rails or lap bands; the use of such was documented in their care plans or risk assessments.

Review of the risk assessments and care plans advised that the service users are not receiving any assistance with shopping or medication from the agency; this was supported by those people interviewed by the UCO. This was reviewed by the inspector during the inspection visit and referenced within theme two of this report.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, it was noted that not all calls had been recorded. The UCO also noted that the care plans for two service users contained out of date information, however it is acknowledged that the changes to the care packages were recent. The above matters were discussed with the registered person and manager Ann McQuade and Quality Control manager Alice McParland during the inspection.

## Summary

### Theme one - Management and control of operations

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

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

The agency's Statement of purpose dated March 2014 and the policy on Management, control and monitoring of the agency dated March 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 person and manager Ann McQuade and Quality control manager Alice McParland 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 2014 for some of the management staff but not all as referenced in the previous paragraph.

Review of appropriate appraisal processes for all management staff were not fully confirmed during inspection and supervision processes vary between manager grades. These again have been requested for review.

Monthly monitoring processes reviewed during inspection are currently in place and operational. The report template includes an area for staff competence matters as appropriate and this is to be commended.

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



Two requirements and one recommendation have been made in relation to this theme and relate to registered person/manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b), and the revision of the staff supervision policy and implementation of supervision for management staff in line with Standard 9, Appendix 1 and Standards 13.2, 13.3 and 13.5.

## **Theme 2 - Records management**

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

The agency has a policy and procedure in place on 'Recording and reporting care practices' dated November 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, medication and shopping. Review of service user home files during inspection supported general compliance in these areas. The inspector did recommend review of the service user agreement in respect of financial transactions in compliance with standard 4.2.

The agency has a policy and procedure in place on the use of restraint dated December 2013, which was reviewed as satisfactory.

The agency currently provides care to a number of service users that require some form of restraint and the care plans and risk assessments in relation to this area were fully detailed.

The agency holds a policy or procedure on 'Handling Service Users Monies' dated May 2014 which was also reviewed as compliant. Records for one service user in receipt of shopping were discussed and reviewed with the registered person/manager and confirmed as compliant.

One requirement and one recommendation has been made in relation to this theme and relates to staff training compliant with the RQIA mandatory training guidelines 2012 and review of the service user agreement in compliance with standard 4.2.

## **Theme 3 – Recruitment**

The agency has achieved a level of **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 inclusion of a statement by the registered person/manager, confirmation of the job description being issued to staff members and NOK relationship details to be confirmed as best practice.

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 Registered Manager for Ann's Home Care is also the responsible person. She is a Registered Nurse on the NMC register. She maintains her knowledge and skills through attendance at meetings and workshops with a range of providers. Over the past 3 years these have included Southern Trust workshop on Self directed support; Quality Improvement Event: RQIA road shows: Unison/NISCC workshop on Role of NISCC and individual requirements in relation to regulatory compliance: Refresher training on employment legislation. Over the past 3 years the registered manager has also attended presentations on palliative care; dementia awareness; safeguarding vulnerable adults and medicine management updates. The registered manager is present in the office on a daily basis and therefore is in a position to oversee all that is happening with regard to the management of the agency and services. The statement of purpose details Ann's Home Care's Mission statement, core values and aims and objectives. It also outlines the organisational structure, status and constitution, nature of service and qualifications of different grades of staff. The Statement of Purpose was last updated in March 2014.</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose dated March 2014 and the policy on Management, control and monitoring of the agency dated March 2014 which sits alongside the agency structure flowchart were reviewed as compliant reflecting a clear structure regarding management within the agency. The management, control and monitoring policy references additional agency policies which cover individual areas of management, control and monitoring within the agency, for example the policy on staff supervision and appraisal. The agency structure included the registered person and manager Ann McQuade, Quality Control manager Alice McParland, together with the six area managers and all other staff including management and care staff.</p>	<p>Compliant</p>
<p>Training records for the registered person and manager Ann McQuade were found to be in place regarding several of the areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012, namely Vulnerable adults training, medication and challenging behaviour (referenced within dementia training materials). One of the mandatory training areas was reviewed to be out of date in the past year (i.e. Challenging behaviour was due for update in May 2014). Review of all areas of training has been recommended to ensure compliance with the RQIA mandatory training guidelines 2012. The registered person and manager also completed training in the areas of supervision and appraisal in 2008 which was evidenced during inspection within training materials. The training did not however evidence a training certificate or sign off by the trainer and this again was recommended for all future training.</p>	<p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p>
<p>A number of training areas reviewed did not included a certificate or competency assessment although competency of the registered person and manager takes place as part the agency's daily office based supervision and as part of their monthly monitoring meetings. Training certificates and competence assessments for all areas of mandatory training were discussed during inspection for review in terms of record consistency.</p>	
<p>Review of all training records and competency assessments are required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.</p>	
<p>The registered manager Ann McQuade is not currently enrolled on any additional training but has undertaken mandatory training as referenced earlier in this criteria and has attended various meetings and regional workshops as appropriately to the area of work in domiciliary care.</p>	<p>Not applicable</p>
<p>It was discussed and reviewed during inspection that the registered manager is currently registered with NMC until 30/09/2015.</p>	<p>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>The Registered manager attends annual review meetings with the commissioning HPSS Trust and internally attends all quality review meetings. Her competence in managing the agency is reflected through the skills of managers and carers and ultimately the care clients receive. This is confirmed through previous RQIA reports and review meetings with commissioner.</b></p> <p><b>8.10 Working practices are systematically audited through supervision of care workers and client monitoring. Annual audits are carried out to ensure managers are in compliance with agency standards for supervision of carers and monitoring of clients. Findings at supervision/monitoring/spot checks are reviewed at monthly monitoring meetings with the Registered Manager and Quality Control Manager. All complaints/incidents are also reviewed monthly to ensure appropriate action has been taken. Monthly reports are produced which include action plans and review of agreed action to be taken</b></p> <p><b>7.13 All medication errors and incidents are reported to RQIA, the local Trust Governance department and key workers in accordance with policy and procedures. Where analysis of an incident shows lack of understanding retraining or extra training is provided.</b></p> <p><b>12.9 The effect of training on practice is evaluated through carer supervision, client monitoring and spot checks and carers understanding and ability is evaluated through the use of competency assessments in the administration of medicines from MDS, original container, pain patches, eye drops, creams, infection control and manual handling. 13.5 All staff have an annual appraisal recorded with their line manager and personal development plans agreed as appropriate.</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency Appraisal procedure dated September 2013 was clearly referenced regarding practices for all staff undertaking an annual appraisal. The agency policy and procedure for staff supervision clearly reflected the processes for care staff but did not detail the variances in process for management staff supervision. Revision of the current policy and procedure or development of a separate policy and procedure is required in this respect.</p> <p>Supervision and appraisal for the responsible person and manager Ann McQuade does not take place given that Ann is the director of the agency.</p> <p>The inspector reviewed the agency log for three of the previous medication incidents reported through to RQIA over the past two years (2013/14) on 03/09/14, 22/07/14 and 17/09/13. Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the matters within appropriate timeframes.</p> <p>Monthly monitoring reports completed by the registered person and manager Ann McQuade were reviewed during inspection for August, July and June 2014 and found to be detailed, concise and compliant. The report template also clearly references any current staff competency matters and how they have been addressed. This additional referenced area on the report is to be commended.</p> <p>The agency had completed their annual quality review for the year April 2013 to March 2014 which was viewed during inspection; this document clearly evidenced the agency evaluation of staff training completed during the previous year.</p>	<p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p> <p>Not applicable</p> <p>Compliant</p> <p>Compliant</p> <p>Compliant</p>

<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>As recorded in previous RQIA inspections AHC's induction programme conforms with the NISCC standards of induction for care workers and policies and procedures are in place to ensure their ongoing competence. There are 6 managers who have responsibility for different geographical areas plus a quality control manager who has responsibility for training and monitoring standards. Managers and Quality Control Manager report to the Registered Manager. Managers have a range of qualifications: NVQ level 3; (2): HNDlevel 5 (1) NVQ level 4 Registered Manager (2) BSc (2) plus a registered nurse in addition to the Registered manager. One manager is also qualified as a facilitator in Dementia training through the University of Stirling. 4 managers have commenced QCF level 5 Diploma in Management in September 14. 5 managers have Train the trainer manual handling.</b></p> <p><b>All staff have an annual appraisal carried out by their line manager. Each year all staff, including management and supervisory staff attend mandatory refresher training and other training as appropriate to ensure their skills and knowledge are kept up to date. In past 3 years training for managers has included Safeguarding vulnerable adults, Protection of children, Medication updates, Dementia awareness, Recruitment refresher. Infection control, Basic food hygiene Palliative Care. Managers have been trained in supervision and performance appraisal and refresher training on this was again given in June 2014. Managers competence in this regard is overseen by the Registered Manager or Quality Control Manager through monthly quality review meetings and a supervision of managers ability in supervision and monitoring is carried out by the quality control manager on twice yearly basis. Carers have training and</b></p>	<p>Compliant</p>

<p><b>competency assessment carried in in a range of procedures as indicated above.</b></p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency holds an induction and training policy and procedure dated September 2013 which sits alongside the annual training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant</p> <p>Training records for the Quality control manager Alice McParland and two of the six area managers Louise Lappin (Portadown/Birches area) and Janette Canning (Lurgan/Kilmore area) were found to be in place regarding several of the areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) but not all areas. A few of the mandatory training areas were also reviewed to be out of date in the past year.</p> <p>Review of all areas of training have been recommended to ensure compliance with the RQIA mandatory training guidelines 2012.</p> <p>The registered quality control manager and area manager had also completed training in the areas of supervision and appraisal in 2008 which was evidenced during inspection within training materials. The training did not however evidence a training certificate or sign off by the trainer and this again was recommended for all future training.</p> <p>Most areas of training reviewed did not included a certificate or competency assessment and this again was discussed during inspection for review in terms of record consistency.</p> <p>The quality control manager Alice McParland has however implemented a generic competence assessment for the area managers which reviews areas such as communication, how the area manager assesses and feeds back to care staff on areas such as manual handling, infection control, recording, handling of complaints, conducting appraisal of care staff etc. These generic assessments take place over a number of dates and are clearly referenced as such. This is then supported through the staff members annual appraisal process which takes place annually and is carried out by Ann McQuade (registered person and manager). The appraisal reviews areas such as judgement/decision making, communication skills, organisational skills, staff development, relationships with clients and colleagues and is signed off by the area manager and registered person/manager.</p>	<p>Compliant</p> <p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p>



<p>Review of all training records and competency assessments are required to ensure consistency within the agency and compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers</p> <p>It was discussed and reviewed during inspection that the Quality Control manager Alice McParland is currently registered with NMC until 31/10/2015.</p>	<p>Compliant</p>
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<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Working practices are systematically audited through client monitoring and carer supervision and the effect of training on practice also evaluated through monitoring and supervision and analysis in the monthly quality report. Trends are identified through the monthly quality report and action plans developed as necessary to address any issues. The monthly quality report and action plan is signed off by the registered manager . All medication errors/serious incidents are reported to the registered manager and reported to RQIA and Southern Trust Governance department in accordance with procedure. An annual quality report is produced which includes an annual quality improvement plan, audit and training plans which are compiled on the basis of issues identified throughout the year All managers/co-ordinators have an annual appraisal with the registered manager and have personal objectives agreed. As indicated above managers have a range of refresher training each year and 4 are currently undertaking QCF qualifications. Arrangements will be put in place for these managers to cascade key learning points from each training session to colleagues. The Registered Manager is present in the office on an almost daily basis and is fully aware of all issues and how managers are dealing with them.</b></p>	<p>Compliant</p>

Inspection Findings:	
<p>Appraisal was not evident for the quality control manager Alice McParland however a personal development plan was reviewed during inspection for the 2013/14 year. Appraisals were evident for both of the area managers as taking place annually and were reviewed during inspection for 2014. Supervision for both area managers and across all six area managers currently takes place in a varied format with spot checks/competency assessments completed on those who are practice based whilst those who are office based do not receive such an assessment. This varied approach is not currently reflected within the agency policy and procedure and hence has been requested for review to ensure consistency of approach in line with the agency's requested revision of their policy and procedure (at inspection) on management staff supervision.</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence as such matters have not arisen. The does however reference any current care staff competency matters and how they have been addressed. This additional referenced area on the report is to be commended.</p>	<p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p> <p>Compliant</p>

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

**COMPLIANCE LEVEL**

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

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

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

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

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

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

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>All records as specified in Schedule 4 are maintained securely in good order and are available for inspection.</b>  <b>A copy the service users' care plan is retained in the client's house. Ann's Home Care policy on Recording and Reporting Care Practices specifies the detail and standard required. In particular carers are required to record the date and time of call; care carried out; care not given in accordance with care plan and reason; changes in client's needs or circumstances; requests made for assistance above that specified in the care plan. Carers are expected to sign all entries, write legibly in black pen and report all changes, incidents or near misses to AHC office. Client records are checked by managers during supervision and monitoring visits to the client's home to ensure they are being maintained to the required standard and any issues of concern discussed with carers. Incident/accident and near miss reports are retained in clients' files in Ann's Home Care offices.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies on Recording and reporting care practices dated November 2013, Handling service user's monies dated May 2014 and the Restraint policy dated December 2013 were all reviewed during inspection as compliant. The staff handbook has been recommended for review to include all three areas.</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 a separate recording template. The inspector did discuss 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>• The agency does not hold a separate money agreement within the service user agreement but do detail a medication agreement within the template. Inclusion of a money agreement has been recommended in line with standard 4.2.</li> <li>• Staff spot checking template which includes a section on adherence to the agency recording policy</li> <li>• Staff group supervision template includes records management (recording and reporting).</li> </ul> <p>All templates were reviewed as appropriate for their purpose.</p>	<p>Compliant</p> <p>Compliant</p> <p>Substantially compliant</p> <p>To be completed three months from the date of inspection</p>

<p>Review of four staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2014 were reviewed as compliant with one staff competence issue arising. This matter had been appropriately managed and resolved and records were reviewed in support of this process.</p>	Compliant
<p>Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for four staff members during inspection and confirmed as moving towards compliance in these areas. A number of areas were found not to be up to date and have been requested for review. The area of challenging behaviour/restraint was discussed during inspection as covered within the vulnerable adults training and this was referenced within the training materials and competency assessment but not found to be detailed within the overall training sign off or certificate.</p>	<p>Moving towards compliance</p> <p>To be completed three months from the date of inspection</p>
<p>Review of all training records and competency assessments are required to ensure consistency within the agency and compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate.</p>	
<p>Ann McQuade (registered person and manager) and Alice McParland (Quality control manager) discussed records management as a regular topic for discussion during staff meetings/group supervision, review of two recent staff meeting minute records dated 05 November 2013, 25 June 2014 evidenced this topic.</p>	Compliant
<p>Review of seven service user files prior to the inspection by the UCO confirmed appropriate recording in the general notes and medication records. A full list of service user medication was also confirmed during inspector discussions with Ann McQuade, Alice McParland and five care staff members. Two care plans were noted to be out of date (although changes only took place recently) and have been requested for update.</p>	Compliant
<p>During the home visits, the UCO was informed that two service users were experiencing restraint in the form of bed rails or lap bands; the use of such was documented in their care plans or risk assessments.</p> <p>Review of one service user record during the inspection and discussion with Ann McQuade (registered person and manager) and Alice McParland (Quality control manager) confirmed that restraint is in place for a number of service users in respect of bedrails. Review of this service user file during inspection evidenced risk assessment information in both the trust care plan and the agency risk assessment. This was confirmed as the procedure for all service users with restraint in place.</p>	Compliant

<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>Ann's Home Care does not take responsibility for the safekeeping of clients' money or valuables however it is recognised there may be occasions when the handling of client's money may be necessary if care duties involve assistance with shopping. Where client competency is in doubt Annn's Home care will participate in carrying out risk assessments but decisions regarding competency will only be determined by the commissioner and relevant health and social care professionals. If a client requires assistance with shopping as part of a designated care plan a small note book will be placed in the client's house in which all transactions must be recorded. The manager is responsible for ensuring this procedure is put in place and for monitoring to ensure the care worker is fully compliant.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Review of the risk assessments and care plans during the UCO home visits advised that the service users are not receiving any assistance with shopping or medication from the agency; this was supported by those people interviewed by the UCO. This was reviewed by the inspector during the inspection for one service user in receipt of shopping and two service users in receipt of medication assistance. Records were reviewed as compliant for all matters.</p>	<p>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>
	Compliant



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

<p><b>Provider's Self-Assessment:</b></p>	
<p>AHC has recruitment and selection policies in place . All applicants are required to complete an application form and attend for interview. They are required to provide one photographic id and two proofs of address. Prior to an offer of employment two satisfactory references must be received, one of which must be from a most recent or present employer, and an enhanced disclosure obtained. Any gaps in employment are explored at interview and applicants are required to complete a health assessment declaration. Driver's licence and car insurance cover for business are also required and confirmed. records are maintained securely and are available for inspection as required</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Review of the staff recruitment policy dated September 2013 confirmed 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 the NOK relationship to the staff member which is good practice to have evidenced. A statement by the registered person in compliance with regulation 13, schedule 3(10) is required to be detailed together with confirmation of the job description being issued to staff members in compliance with standard 11.5.</p> <p>The driving licence and car insurance for the three staff members were reviewed during inspection and confirmed as compliant.</p> <p>Staff contracts signed at employment commencement were also confirmed during inspection.</p>	<p>Compliant</p> <p>Substantially compliant</p> <p>To be completed with immediate effect</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector chose to review three of the 2014 complaints during the agency's inspection given the late stage in the 2014 inspection year. All records were confirmed as compliant.

### **Additional matters examined**

The inspector held discussions with Ann McQuade (registered person and manager) and Alice McParland (quality control manager) regarding an anonymous whistle blowing call received by RQIA on 23 September 2014. The caller alleged inappropriate recruitment practice within the agency in respect of Access NI checks being completed on a specific staff member. Review of records for the named staff member and others (as detailed within theme three of this report) during inspection did not validate this allegation.

The caller further alleged a staff member to have one of their family members in their car when they carry out service user calls. Discussions with Ann and Alice supported this to be unacceptable practice and not to have been validated during the agency spot checks of the named staff member.

The caller further eluded to poor standards of care being provided by the agency. Feedback from service user, relatives and staff prior to and during the inspection did not support this allegation.

The inspector was satisfied at the conclusion of the inspection that the anonymous allegations were unfounded and this feedback was provided to Ann McQuade (registered person and manager) and Alice McParland (quality control manager).

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Ann McQuade (registered person and manager) and Alice McParland (quality control 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

**Ann's Homecare Ltd**

**16 October 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ann McQuade (registered person and manager) and Alice McParland (quality control 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) Regulation 11(3) Regulation 13(b)	<p>The registered person/manager is required to ensure all training records and associated competency records for the manager and management staff are compliant with Regulation 11(1) Regulation 11(3), Regulation 13(b), Standards 8.17 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with standard 13.1.as appropriate.</p> <p>As discussed within theme one, criteria one and three of this report.</p>	Once	<p>Training and training records for manager and management staff reviewed. Any gaps in training will be addressed within time frame. A system is in place for all training to be evidenced by a certificate and/or a training file signed off by the Trainer.</p> <p>Managers training files/personal development have been reviewed and will meet mandatory training guidelines (2012)</p>	To be completed three months from the date of inspection
2	Regulation 16(2)(a) Regulation 16(4)	<p>The registering person/manager is required to ensure all management staff receive supervision and appraisal compliant with the revised agency policy and procedure timeframes.</p> <p>As discussed within theme one, criteria four of this report.</p> <p>(Minimum Standard 13.5)</p>	Once	<p>Supervision and appraisal policy for management staff reviewed. The policy and procedure for supervision and appraisal (November 2014) reflects specific job roles</p>	To be completed three months from the date of inspection

3	Regulation 16(2)(a)	<p>The registering person/manager is required to ensure all staff receive training compliant with the agency policy and procedure timeframes and in compliance with RQIA training guidelines (September 2012).</p> <p>As discussed within theme two, criteria one of this report.</p> <p>(Minimum Standard 13.5)</p>	Once	<p>Training policy and records for staff reviewed to ensure compliance with RQIA training guidelines. All certificates and sign off of training will detail key aspects of training given. The service user agreement has been amended to include to include a statement on managing service users money</p>	To be completed three months from the date of inspection
4	Regulation 13 and Schedule 3	<p>The registering person/manager is required to ensure staff recruitment is compliant with Regulation 13 and Schedule 3 and standard 11 regarding a statement by the registered person and confirmation of the job description being issued to staff members</p> <p>As discussed within theme three, criteria one of this report.</p>	Once	<p>The recruitment procedures have been amended to include a signed statement confirming applicant has received and understood the job description and a statement from the registered manager regarding the applicants mental and physical capacity to do the job.</p>	To be commenced with immediate effect

**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 13.2	The registered person/manager is recommended to review the supervision and appraisal policies and procedures.  As discussed within theme one, criteria two of this report.	Once	The policy and procedure for supervision and appraisal has been reviewed with effect November 2014	To be completed three months from the date of inspection
2	Standard 4.2	The registered person/manager is recommended to review the service user agreement to include financial arrangements.  As discussed within theme two, criteria one of this report.	Once	The service users agreement has been amended with effect November 2014 to include managing service users money	To be completed three months from the date of inspection



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>	Ann McQuade
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Ann McQuade

<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	18/12/14
Further information requested from provider			