



The Regulation and
Quality Improvement
Authority

PRIMARY UNANNOUNCED INSPECTION

Name of Establishment: Rose Lodge Community Care
Establishment ID No: 10939
Date of Inspection: 15 & 16 October 2014
Inspector's Name: Caroline Rix
Inspection No: IN016570

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

General Information

Name of agency:	Rose Lodge Community Care
Address:	185 Belsize Road Lisburn BT27 4LA
Telephone Number:	028 9260 4464
E mail Address:	dory@roselodge.co.uk
Registered Organisation / Registered Provider:	Rose Lodge Care Homes Ltd / Dorothea Margaret Kidd
Registered Manager:	Dorothea Margaret Kidd
Person in Charge of the agency at the time of inspection:	Dorothea Margaret Kidd
Number of service users:	103
Date and type of previous inspection:	20 August 2013, Primary Announced
Date and time of inspection:	15 October 2014 from 09.30 to 12.30hours 16 October 2014 from 10.00 to 16.00hours
Name of inspector:	Caroline Rix

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	5
Staff	3
Relatives	4
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	30	13

Inspection Focus

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

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

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

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

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

Profile of Service

Rose Lodge Community Care Services is a Domiciliary Care Agency, based at 185 Belsize Road, Lisburn. Under the direction of the registered person/manager Ms Dorothea Kidd, a staff of 54 provides a variety of services to 103 people living in their own homes, with their aim to encourage service users independence and choice.

Rose Lodge Community Care Services provide all aspects of personal care, catheter and stoma care. Care staff assist with medication and nutritional requirements where needed along with laundry, housekeeping.

Their services are provided to all age groups and are commissioned by the South Eastern HSC Trust. Rose Lodge Community Care Services currently provide services to people in the areas of Lisburn, Lambeg, Annahilt, Hillsborough, Drumbo and Dunmurry.

Rose Lodge Community Care had no requirements or recommendations made during the agency's previous inspection on 20 August 2013.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Rose Lodge Community Care was carried out on 15 October 2014 (service user home visits) and 16 October 2014 between the hours of 10.00 and 16.00. 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 inspector prior to the inspection on 15 October 2014 and a summary of feedback is contained within this report. Findings following these home visits were discussed with the manager.

The inspector had the opportunity to meet with three 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 members 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.

One requirement has been made in respect of the outcomes of this inspection.

Staff survey comments

Thirty staff surveys were issued and thirteen received which is a fair response.

Staff comments were included on some of the returned surveys as follow;

- "There is no communication."
- "The manager provides support on a regular basis by getting my feedback when I call into see them."

These comments were discussed with the registered manager. Communication had been discussed at their September 2014 staff meeting regarding changes to duty rotas and how this

is shared; the duty manager has subsequently reviewed their system of informing staff of changes.

Home Visits summary

As part of the inspection process the inspector spoke with five service users and four relatives on the day before the inspection to obtain their views of the service being provided by Rose Lodge Community Care Service. The service users interviewed have been using the agency for a period of time ranging from approximately three months to two years, receive at least two calls per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals.

The inspector was advised that in the main, 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. One service user advised that an increased number of new staff have been visiting which can be unsettling. It was good to note that service users or their representatives 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 advised by the agency if their carer had been significantly delayed, this is good practice.

All of the people interviewed had no concerns regarding the service being provided by the carers from Rose Lodge Community Care Service. One of the people interviewed advised the inspector of a complaint that had been raised regarding consistency of care staff provided and confirmed that they were happy with the action taken by the agency. All those interviewed were aware of whom to contact should any issues arise. A number of the people interviewed were able to confirm that management from the agency visit on a regular basis 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:

- "They're a great group of girls; very capable and caring, help me with anything I need. I enjoy their company and we have a bit of a laugh at times."
- "Couldn't ask for better care, they are kind, caring and reliable."
- "Everyone is fantastic; they treat my XXX with great patience and compassion."
- "The care staff could not be improved, they are helpful and efficient and we enjoy a joke together."
- "I have only praise for the help they give me."

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

Review of the risk assessments and care plans advised that none of the service users receives financial assistance, for example shopping, from the agency.

During the home visits, the inspector was advised that two service users were receiving assistance with medication by the carers; these files contained a medication log and the care plan included details of the medication assistance.

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 the information was being consistently completed fully by staff and this is to be commended.

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 **compliant** in relation to this theme.

The agency's 'Statement of Purpose' dated July 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/manager during inspection and review of records for the manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training had been identified for senior staff, relevant to their roles, and completed which is to be commended.

Review of appropriate appraisal and supervision processes for all management staff were confirmed during inspection with relevant records maintained.

Monthly monitoring processes are currently in place and operational. The reports reviewed were found to be detailed, concise and compliant and included an area for staff competence matters as appropriate.

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

No requirements or recommendations have been made in relation to this theme.

Theme 2 - Records management

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

The agency policies and procedures on 'Recording and reporting care practices'; 'Accounting and Financial Transactions' and 'Restraint' were all reviewed during inspection as compliant with regulations and standards and each contains guidance for staff on these subjects.

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 full compliance in these areas. On review of the log sheets, it was noted that the information was being consistently completed fully by staff and this is to be commended.

The agency has a policy and procedure in place on use of restraint which was reviewed as satisfactory.

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

The agency has a policy or procedure on 'Accounting and Financial Transactions'. This procedure was reviewed and found to be compliant with legislation, and staff discussions confirmed they fully understood their role in relation to this subject.

No requirements or recommendations have been made in relation to this theme.

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 partial compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2 with the exception to a number of areas that require review within their recruitment procedure.

One requirement has been made in respect of this theme.

The registered person/manager is required to expand their 'Recruitment and Selection' procedure in terms of schedule 3 to include obtaining applicant details of next of kin, their process if a satisfactory reference is not provided and a statement by the registered provider/manager that the person is physically and mentally fit for the purpose of the work he is to perform.

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

Follow-Up on Previous Issues

There were no previous requirements or recommendations

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Regulation 11 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>In accordance with the RQIA’S Mandatory training for providers and the NISCC requirements I have undertaken and recorded the required training including in the last year, fire safety, moving and handling, control of infection, safe food hygiene, medication, safeguarding vulnerable adults, first aid, challenging behaviour, dementia, performance management, complaints, medication, handling grievance and disciplinary as well as additional courses in compression bandaging, incontinence and other related disciplines.</p> <p>I have achieved a degree with Queen’s University and also completed a certificate in Residential Management and completed the North Down & Ards Management Course for Nursing Home Managers.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The ‘Statement of Purpose’ dated July 2014 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person/ manager together with the finance manager, community administrator, and duty manager, monitoring officer, lead key workers and care staff.</p>	<p>Compliant</p>

<p>Training records for the registered person/manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). The manager has also completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element that had been signed off by the assessor.</p> <p>The registered person/manager has recently completed training on ‘staff recruitment’ and ‘the law and best practise’ following the appraisal process identified this additional training deemed appropriate for managers.</p> <p>The registered person/manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and certificate reviewed during inspection that the registered person/manager is currently registered with NISCC from January 2012 expiry date January 2015.</p>	
<p>Criteria Assessed 2: Registered Manager’s competence</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider’s Self-Assessment:</p>	
<p>Medication errors and incidents are reported, working practices are systematically audited with appropriate action taken when required. Training is evaluated. 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>Compliant</p>

Inspection Findings:	
<p>The agency's 'Supervision and Appraisal' policy and procedure dated May 2014 was clearly referenced regarding practices for all grades of staff including the processes for management staff supervision and appraisal.</p> <p>Supervision is scheduled six monthly with various types of supervision included, one to one, direct observations and group. Appraisals are planned on an annual basis.</p> <p>Appraisal for the registered person/manager currently takes place on an annual basis with the company directors, and was reviewed for June 2014. Supervision currently takes place monthly as part of the organisations Directors meetings and records reviewed were appropriately detailed.</p> <p>The inspector reviewed the agency log of four medication incidents and two vulnerable adult reports reported through to RQIA over the past year. Review of these incidents confirmed appropriate recording and reporting to RQIA and other bodies regarding each matter within required timeframes.</p> <p>Monthly monitoring reports completed by the registered person/ manager were reviewed during inspection for June to September 2014 and found to be detailed, concise and compliant and included a staff competency area. Staff survey feedback and analysis was included within the September report along with actions taken in regard to a reported vulnerable adult incident received.</p> <p>The agency had completed their annual quality review for the year up to August 2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.</p>	Compliant

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>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 our Nurses or an appropriately qualified healthcare professional.</p> <p>No domiciliary care worker is supplied by the agency unless the Manager believes they have the experience and skills necessary for the work they have to perform.</p> <p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Managers and supervisory staff are trained in supervision and performance appraisal.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a 'Staff Training' policy and procedure dated September 2014 which sits alongside their ongoing programme for mandatory staff training. Review of this policy was found to be in line with RQIA mandatory training guidelines (September 2012) and confirmed as compliant.</p>	<p>Compliant</p>

<p>Training records for the duty manager and the monitoring officer were found to be in place regarding all areas of mandatory training areas in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>Each of these senior staff has also completed training in the areas of supervision and appraisal and this is to be commended along with additional training deemed appropriate for these managers.</p> <p>Each area of training reviewed included a competency assessment element which had been signed off by the assessor.</p>	
<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Standard 8.10, 7.13, 12.9 and 13.5 are managed appropriately by Management and Senior Staff</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency's 'Supervision and Appraisal' policy and procedure dated May 2014 was clearly referenced regarding practices for all grades of staff including the processes for management staff supervision and appraisal.</p> <p>Supervision is scheduled six monthly with various types of supervision included, one to one, direct observations and group. Appraisals are planned on an annual basis.</p>	<p>Compliant</p>

Appraisal for both senior staff all staff including managers currently takes place annually and was reviewed during inspection for 2013/2014. Appraisal for each of the senior staff records viewed, verified that these have taken place most recently in June 2014 for both. Supervision for both staff members currently takes place and has been recorded appropriately as reviewed in each file.

The current monthly monitoring reports provide comment on management staff matters and competence should they arise.

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

Compliant

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records	COMPLIANCE LEVEL
<p>Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner; and</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>(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.</p> <p>Standard 5.2 The record maintained in the service user’s home details (where applicable):</p> <ul style="list-style-type: none"> • 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. <p>Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.</p>	
Provider's Self-Assessment:	
Rose Lodge complies with Regulation 21 1& 2 of the Dhssps statutory regs for domiciliary agencies (NI) 2007 and standards 5.2 and 5.6 of the RQIA minimum standards (audits highlighted a few occasions that staff had	Compliant

<p>omitted to sign evaluation sheets and action has been taken to rectify this)</p>	
<p>Inspection Findings:</p>	
<p>The agency policies on 'Recording and reporting care practices' dated May 2014; 'Accounting and Financial Transactions' dated May 2014 and the 'Restraint' policy dated January 2014 were all reviewed during inspection as compliant. Staff handbook dated June 2014 viewed contained guidance for staff on each of these subject areas.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. The recording of the number of tablets and inclusion of a full list of medication as good practice. This was confirmed as compliant during review of records in service user's homes and during staff and management discussions • The agency hold a money agreement within the service user agreement • Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping • Staff spot checking template which includes a section on adherence to the agency recording policy • Staff group supervision template includes records management (recording and reporting). <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising.</p> <p>Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as compliant in these areas.</p> <p>The registered person/manager discussed records management regularly during staff meetings/group supervisions, review of four recent staff meeting minute records dated August 2013, September 2013, January 2014 and April 2014 evidenced this topic. The agency has a communication book in use within their office, where care staffs are provided with information and reminders on current issues. This book viewed contained records to</p>	<p>Compliant</p>

<p>confirm staff had received updates and had been reminded to follow the recording procedure.</p> <p>Review of three service user files following the inspection by the inspector confirmed appropriate recording in the general notes and medication records.</p> <p>Review of service user records during the inspector visits and discussion with the registered person/manager during inspection confirmed that restraint is in place for a number of service users in respect of bedrails and lap belt. Review of two service user files during inspection evidenced the care plans and risk assessments were in place and regularly reviewed (where appropriate) in relation to restraint.</p>	
<p>Criteria Assessed 2: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>Rose Lodge ensures that as per regulation 15 (6) the procedure for staff acting as an agent or receiving money from a service user is documented and forms part of the service user agreement.</p> <p>Records would be 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>Compliant</p>
<p>Inspection Findings:</p>	
<p>Review of the care plans during the inspector home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the inspector. The registered person/manager indicated that they do not currently provide financial assistance to any service users. The inspector confirmed, during discussions, that staff members had a clear understanding of</p>	<p>Compliant</p>

their procedure in relation to service user financial assistance and shopping.	
--	--

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
	Compliant

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

Provider's Self-Assessment:	
Rose Lodge complies with Regulation 13 of the Statutory Regulation for domiciliary agencies (NI) 2007 and standards 8.21 and 11.2 of the RQIA Minimum standards last updated 2011. Ensuring that all staff recruited for employment meet the required criteria.	Compliant
Inspection Findings:	
<p>Review of the 'Recruitment and Selection' policy and procedure dated May 2014 was found to be partly compliant with regulation 13 and schedule 3. Their 'Recruitment and Selection' procedure is required for review in terms of schedule 3 to include obtaining applicant details of next of kin(2),their process if references not provided (4) and include a statement by the registered provider/manager that the person is physically and mentally fit for the purpose of the work he is to perform (10).</p> <p>Review of four staff recruitment files for those employed from October 2013 to April 2014 during inspection confirmed compliance with Regulation 13, Schedule one and standard 11 with exception to a statement by the registered provider/manager that each person is physically and mentally fit for the purpose of the work he is to perform. The full driving licence and car insurance records, where applicable, were fully compliant for staff. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	Substantially compliant

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

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 with six received during this period. The inspector reviewed two of the six complaints received and confirmed all records to be compliant, with one complaint not yet resolved. The inspector reviewed four out of seven records relating to complaints received during 2014, to date, these were found to be detailed, complaints appropriately managed and each had been resolved.

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 Dorothea Margaret Kidd, Registered Person/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:

Caroline Rix
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Inspection

Rose Lodge Community Care

15 & 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 Dorothea Margaret Kidd, Registered Person/ Manager 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	Requirement	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 13 Schedule 3 (2)(4)(10)	The registered person/manager is required to expand their 'Recruitment and Selection' procedure to include obtaining applicant details of next of kin, their process if references not provided and include a statement by the registered provider/manager that the person is physically and mentally fit for the purpose of the work he is to perform.	Once	Our recruitment procedure now refers specifically to next of kin details as opposed to the staff details sheet that the request for next of kin details was on. Our statement has been expanded to show the process when a 2 nd reference is not received and the statement regarding the employee appearing physically and mentally fit for the purpose of work they are to perform has been moved forward to be signed prior to the employee commencing employment.	Within one month of inspection date

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Dorothea Kidd
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dorothea Kidd

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	12/12/2014
Further information requested from provider			