



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Phoenix Nursing Agency (Homecare Division) Ltd
Establishment ID No: 11016
Date of Inspection: 3 March 2015
Inspector's Name: Caroline Rix
Inspection No: IN016539

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Phoenix Nursing Agency (Homecare Division) Ltd
Address:	Ardmore Gatelodge 1 Belfast Road Newry BT34 1EF
Telephone Number:	02830268884
E mail Address:	admin@phoenix-ni.com
Registered Organisation / Registered Provider:	Phoenix Nursing Agency Ltd/Barbara Rafferty
Registered Manager:	Mary McConnell
Person in Charge of the agency at the time of inspection:	Barbara Rafferty
Number of service users:	35
Date and type of previous inspection:	15 April 2013 Primary Announced
Date and time of inspection:	3 March 2015 from 9.30am to 2.30pm Primary unannounced inspection
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	0
Staff	0
Relatives	5
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	18	14

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

Phoenix Nursing Agency Homecare division is based at Ardmore Gatelodge, 1 Belfast Road, Newry. The agency was registered on 1 September 2009 and has been operational since February 2010. Under the direction of the manager Mary McConnell staff of 20 provides a range of services to 35 people in their own homes. The services provided include personal care, social support and some practical domestic care. Service users are adults who require assistance with either physical, mental health needs and/or learning disability. The Southern HSC Trust commissions their services and some service users may buy services privately. The areas currently covered by the agency in Northern Ireland are County Down and Armagh.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Phoenix Nursing Agency Homecare division was carried out on 3 March 2015 between the hours of 09.30 and 14.30. The registered manager was not available on the inspection day and the responsible person assisted the inspector throughout the inspection. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Contacts by phone to five representatives of service users were carried out by the UCO prior to the inspection and a summary of feedback is contained within this report. Findings following these interviews were discussed with the registered person.

The inspector did not have the opportunity to meet with staff members to discuss their views on the day of inspection as this was an unannounced inspection.

Phoenix Nursing Agency Homecare division had no requirements or recommendations made during the agency's previous inspection on 15 April 2013. This outcome was to be commended.

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

Staff survey comments

18 staff surveys were issued and 14 received which is a good response.

Some staff comments were included on the returned surveys as follows;

'I am very happy with work place and the manager and staff is always very helpful with any problems'.

'Phoenix agency is in regular contact with me expresses interest in all my care situations and discusses client's needs.'

'Good working environment.'

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with five relatives on 20 and 23 February 2015 to obtain their views of the service being provided by Phoenix Homecare. The service users interviewed have been using the agency for a period of time ranging from one to three years and receive assistance with the following at least twice a week:

- 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. There were mixed results regarding service users being advised of, or introduced to new staff, by a regular carer; it would be good practice for the agency to do so when possible. Discussion with responsible person on day of inspection confirmed that introductions of new care staff do take place. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carer had been significantly delayed, this is good practice. No concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from Phoenix Homecare, however they were aware of whom they should contact if any issues arise. Two relatives advised that they had made complaints to the agency and that they were satisfied with the outcome. Examples of some of the comments made by service users or their relatives are listed below:

- "They're awfully good to my XXX."
- "Couldn't do without them."
- "The carers let me know if there any issues so they can be treated quickly."
- "Couldn't say a bad word about any of them."
- "I like that it is the same carers most of the time as my XXX gets to know them."

The majority of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service or that observation of staff practice had taken place in their home. A number of people interviewed also confirmed that they received a book from the agency which is completed by the carers at all calls.

Summary

Theme one - Management and control of operations

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

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

The agencies "Statement of Purpose" and the 'Operational Policy' were reviewed as compliant reflecting a clear structure regarding management within the agency.

Discussions with the registered person during inspection and review of records for the registered manager supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments had been completed by the registered manager in terms of keeping abreast of new areas of development.

Review of appropriate appraisal processes for management staff were confirmed during inspection along with staff supervision processes in line with their procedure timescales.

Monthly monitoring processes are currently in place and operational. The monthly monitoring reports reviewed during inspection were found to be detailed, concise and compliant.

No records regarding medication issues or vulnerable adult incidents that require to be reported to RQIA were reviewed as no reports were received by the agency in relation to these matters in the past year.

No requirements or recommendations have been made in respect of this theme.

Theme 2 - Records management

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

The agency has a policy and procedure in place on 'Recording and Reporting Care Practices' which was found to be satisfactory and in line with standard 5 and contains guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user files during inspection supported staff compliance in these areas.

The agency has a policy and procedure in place on use of 'Restraint' which was found to be partially compliant and has been recommended for review.

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

Their procedure on 'Safeguarding and Protecting Service Users Money, Valuables and Property', was reviewed during inspection as compliant. Review of service user records indicated that financial assistance and shopping is not currently provided to service user by agency staff.

One recommendation has been made in relation to this theme.

The registered manager is required to expand their 'Handling service user's monies' procedure to include staff guidance on emergency shopping for occasional shopping tasks outside of a care plan tasked shopping.

Theme 3 – Recruitment

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

Review of the agency's 'Recruitment and Selection' policy and procedure confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

Review of four staff personnel files confirmed that the required pre-employment information and documents had been obtained in relation to each sampled domiciliary care workers.

No requirements or recommendations have been made in respect of this theme.

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

Follow-Up on Previous Issues

There were no previous requirements or regulations.

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, to ensure that she has the experience and skills to manage the agency. Records of such training are maintained as necessary for inspection (Standard 12.6). The registered manager having regard to the size of the agency, the statement of purpose and the number and needs of the service users, manages the agency with sufficient care, competence and skill and delivers a highly respected service within the community.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The 'Statement of Purpose' dated June 2014 and the 'Operational Policy' dated June 2014 were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager together with the administration staff and care staff.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). All of the mandatory training areas were reviewed as having been updated as recommended.</p> <p>The manager has also completed training in the areas of supervision and staff appraisals and this is to be commended. Most areas of training reviewed included a competency assessment element that had been consistently signed off by the assessor.</p> <p>The registered manager is not currently enrolled on any additional training. However the registered manager records evidenced that she has completed relevant training and competency assessments to ensure she continues to meet NMC registration requirements.</p> <p>It was reviewed during inspection that the registered manager is currently registered with NMC and the certificate confirmed the expiry date as October 2015.</p>	<p>Compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Working practices are systematically and regularly audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>There has been no medication errors and if this was to happen staff are trained to report medication errors and medication errors and incidents are to be reported, in accordance with procedures, to the appropriate authorities'</p> <p>The effect of training on practice and procedures is evaluated as part of quality improvement, and staff are monitored in the work setting.</p> <p>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 'Staff Supervision and Appraisal' policy and procedure dated August 2014 was clearly referenced regarding practices for staff , including the processes for management staff supervision and appraisal.</p> <p>Appraisal for the manager currently takes place on an annual basis and was reviewed for April 2014 and February 2015 for the registered manager. Supervision currently takes place and was evidenced within the registered managers records most recently carried out June 2014. The records viewed contained details of relevant topics discussed.</p> <p>The inspector reviewed the agency log of incidents reported through to RQIA with no reports required over the past year.</p> <p>Monthly monitoring reports completed by the registered person were reviewed during inspection for November 2014 to February 2015 and found to be detailed, concise and compliant. One report contained details of the review of their safeguarding procedures in January 2015 to incorporate SHSCT forms and updated emergency social worker details.</p> <p>The agency had completed their annual quality review for the year 2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements. The responsible person confirmed that this 2014 annual quality report is due to be posted out during March 2015 to all service users and shared with other interested parties.</p>	<p>Compliant</p>

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>The registered person ensures that no domiciliary care worker is supplied by the agency unless the worker is of integrity and good character; has the experience and skills necessary for the work that they have to perform; is physically and mentally fit for the purposes of the work which is to be performed; and has full and satisfactory information in place in as required by the legislative framework.</p> <p>Following the assessment of a new client or to meet the changing needs of a client when necessary, training in specific techniques (e.g. the administration of eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by the Registered Manager.</p> <p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. Training commences on induction and continues as required.</p> <p>The Manager is trained in supervision and performance appraisal.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency structure does not include any senior care staff/coordinators therefore this criteria is not applicable.</p>	<p>Not applicable</p>

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
<p>Working practices are systematically and regularly audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>There has been no medication errors and if this was to happen staff are trained to report medication errors and medication errors and incidents are to be reported, in accordance with procedures, to the appropriate authorities'</p> <p>The effect of training on practice and procedures is evaluated as part of quality improvement, and staff are monitored in the work setting.</p> <p>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>	Compliant
Inspection Findings:	
The agency structure does not include any senior care staff/coordinators therefore this criteria is not applicable.	Not applicable

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

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

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

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

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

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

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

COMPLIANCE LEVEL

Provider's Self-Assessment:	
<p>The registered person ensures that the records specified in Schedule 4 of the Regulations are maintained, and that they are—</p> <ul style="list-style-type: none"> (a) kept up to date, in good order and in a secure manner; (b) retained for a period of not less than eight years beginning on the date of the last entry; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority. <p>The registered person ensures that, in addition to the records referred to in paragraph 21(1) of the Regulations, 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. Extensive records are maintained.</p> <p>Comprehensive records are maintained in the service user's home and contain contemporaneous records where relevant of :</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>Well developed records have been put in practice and all records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency policies on ‘Recording and Reporting Care Practices’ dated August 2012, ‘Safeguarding and Protecting Service Users Money, Valuables and Property’, dated March 2015 were all reviewed during inspection as compliant. The ‘Restraint’ policy and procedure dated November 2014 was reviewed and is recommended to be expanded to include specific guidance on the use of bedrails/lap belts and include the review process for service users who require restraint.</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 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 four staff files during inspection confirmed staff adherence to records management as detailed within the staff supervision records for 2014, with no staff competence issues arising.</p> <p>Review of four service user files by the inspector confirmed appropriate recording in the general notes and medication records. Review of medication agreements within two service user files confirmed the process of medication assistance had been discussed, agreed and confirmed/signed with service users and/or family member before medication assistance commenced with agency staff.</p> <p>Review of service user records during the inspection and discussion with the registered person confirmed that restraint is in place for a number of service users in respect of bedrails. Review of two service users’ files evidenced that the use of bedrails was clearly documented within their care plan and risk assessment. Records confirmed that the use of bedrails had been reviewed during 2014 by their occupational therapist.</p>	<p>Substantially compliant</p>

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>In relation to Regulation 15 (6) the agency staff do not act as agent for any service user or receive money from a service user. If this was to change the arrangements would be agreed with the service users Social Worker or Care Manager. All service users have a service users agreement in place and records are maintained of all transactions paid by the Trust or any private arrangement.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The registered person confirmed that at present they do not provide support to any service users in the area of finances or shopping and this was supported by those people interviewed by the UCO.</p>	<p>Not applicable</p>

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

<p>Provider's Self-Assessment:</p>	
<p>Very stringent recruitment and selection procedures are in place and: The registered person ensures that no domiciliary care worker is supplied by the agency unless— (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 of the Regulations</p> <p>The registered person has arrangements in place to ensure that: 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 AccessNI; and all appropriate referrals necessary would be made in order to safeguard children and vulnerable adults if required.</p> <p>Before making any offer of employment thorough procedures are in place: 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 AccessNI for the preferred candidate; 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 if relevant.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Review of the 'Recruitment and Selection' policy and procedure dated March 2015 was found to be substantially compliant, however was revised on the day of inspection and subsequently now confirmed to be compliant with regulation 13 and schedule 3.</p> <p>Review of four staff recruitment files for those employed from February 2014 onwards confirmed compliance with Regulation 13, Schedule one and standard 11. The full driving licence and car insurance details were in place. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during 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
	Compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The responsible person confirmed that no formal complaints had been received during 2014, with one informal complaint had been received and records evidenced that this had been appropriately managed and 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 Barbara Rafferty responsible person, 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

Primary Unannounced Inspection

Phoenix Nursing Agency (Homecare Division) Ltd

3 March 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Barbara Rafferty registered person during or after 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.

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	Minimum Standard 5.2	The registered manager is recommended to expand their 'Restraint' policy and procedure to include specific guidance on the use of bedrails/lap belts and include the review process for service users who require restraint.	Once	The 'Restraint' policy has been expanded to include the information recommended. The recommendation has also been shared with the Southern Health & Social Care Trust so that future referrals may include information of clients who require bedrails/lap belts and the associated risk assessments.	Within two months 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	Mary Mc Connell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Barbara Rafferty

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	15/04/15
Further information requested from provider			