



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Enable Care Services
Establishment ID No: 11048
Date of Inspection: 10 July 2014
Inspector's Name: Caroline Rix
Inspection No: 16562

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:	Enable Care Services
Address:	Abbeyview 2 Chapel Road Bessbrook BT35 7AU
Telephone Number:	(028) 3083 9900
E mail Address:	patriciashort100@gmail.com
Registered Organisation / Registered Provider:	Enable Care Services Unlimited / Mr Paul Francis O'Keefe
Registered Manager:	Ms Bridget Patricia Butler Shortt
Person in Charge of the agency at the time of inspection:	Ms Bridget Patricia Butler Shortt
Number of service users:	63
Date and type of previous inspection:	21 November 2013, Primary Announced
Date and time of inspection:	10 July 2014 from 9.30am to 4.30 pm 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	3
Staff	0
Relatives	3
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	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

Enable Care Services is based in Bessbrook, and provides domiciliary services to adults in the Newry and Mourne areas. The agency employs 29 staff (an increase of one from last year) and provides care to 63 (an increase of 29 from last year) service users in their own homes. Services provided include personal care, meals preparation, cleaning, day and night sits. Service users who require services are older people, those with physical disabilities, learning disabilities and mental health care needs. The Southern Health and Social Care Trust commission these services. The agency does not have any privately funded service users at present.

Enable Care Services Bessbrook had two requirements and five recommendations made during the agency's previous inspection on 21 November 2013. Both requirements were found to be 'compliant'. All of the recommendations were found to be 'compliant'; this outcome is to be commended.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Enable Care Bessbrook was carried out on 10 July 2014 between the hours of 09.30 hours and 16.30hours. 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 during the inspection day, and a summary of feedback is contained within this report. Findings following these home visits were discussed with the registered manager.

One requirement and two recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

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

Staff comments were included on two of the returned surveys;

'Happy with work but would like more hours'.

'Enable Care provides a good standard of care to all the vulnerable service users. We are always being trained to help us with the tasks we do'.

Home Visits summary

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

- Personal care
- Meals

- Sitting service

The inspector 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 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 Enable Care Services Bessbrook. None of the people interviewed had made a complaint about the agency, however they 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; we have built up a good friendship and trust. They know exactly how to assist me with my needs and notice the smallest changes. I couldn’t praise them highly enough.”
- “Couldn’t ask for better care, and could not manage without them. They are caring, reliable, and skilled. They each have different personalities, one is bubbly, another is quieter but all are sensitive and don’t bat an eyelid if I have a mishap.”
- “I feel the staffs are approachable and respectful. They treat me very well, are thoughtful and we have a good rapport.”

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 three service users. During the home visits, the inspector noted that one service user was experiencing restraint in the form of bed rails; the use of such was not documented in the care plan or risk assessment and is recommended to be addressed.

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 none of the service user is receiving assistance with medication by the carers.

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 by staff.

Summary

Theme 1 - 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' and 'Management and Control of Operations' policy viewed contain details of the organisational structure and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the manager and coordinators 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 have been completed by these staff.

A staff competency process has been developed by the agency and is operational during 2013/14 for staff.

Review of appropriate appraisal processes for all management staff were confirmed during inspection however supervision records were not in place for the registered manager and have been requested for implementation.

Monthly monitoring processes are currently in place and operational. The report template was revised and implemented since previous inspection and found to be appropriately detailed.

One requirement and one recommendation have been made in relation to this theme.

The registered manager is required to expand their 'Statement of Purpose' to include the responsible person's qualifications and experience.

The registered manager is recommended to ensure that all staff has recorded formal supervision meetings in accordance with their procedure.

Theme 2 - Records management

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

The agency has a policy and procedure in place on 'Record Keeping' which was found to be satisfactory and in line with standard 5 and contained clear guidance for staff on this subject.

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

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 restraint in the form of bedrails. However the care plans and risk assessments in relation to this area were not all fully detailed. This area was discussed with the registered manager and is to be addressed.

The agency has a policy and procedure on 'Handling Service Users Monies' which was reviewed and found to be satisfactory. The agency does not currently provide assistance to any service users regarding handling finances.

One recommendation has been made in relation to this theme.

The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.

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.

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

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

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 16(2)(a)	The registered manager is required to complete annual appraisals for all staff.	Records evidenced that appraisals had been completed for all staff during December 2013 and scheduled annually.	Once	Compliant
2	Regulation 23 (1) & Standard 8.11	The responsible person is required to complete monthly monitoring reports, and submit a copy to the inspector at the end of each month for the next six months.	Records evidenced that monthly monitoring reports had been completed by the responsible person, with six forwarded to inspector from December 2013. Reports viewed for March to June 1014 confirmed on-going process maintained.	Once	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standard 14.9	The registered manager is recommended to retain records to evidence that learning from any vulnerable adult investigations are shared with full staff teams.	Monthly staff meeting minutes viewed contained details of vulnerable adult subjects having been discussed.	Once	Compliant
2	Minimum Standard 1.9& 8.12	The registered manager is recommended to expand their annual quality review process to include consultation with staff and commissioners of their services.	The quality review procedure has been expanded to include consultation with staff and commissioners of their services. This revised process is scheduled to be implements during their next planned review in September 2014.	Once	Compliant
3	Minimum Standard 1.9	The registered manager is recommended to develop a system to validate that all service users have been provided with a summary of their annual quality report. (Restated from 10 July 2012)	The annual review report for 2013 was viewed and records confirmed that all service users had been provided with a copy of same in January 2014. The manager confirmed that during home visits a number of service users had commented on the content of their annual report.	Twice	Compliant
4	Minimum Standard 5.3	The registered manager is recommended to expand their Confidentiality procedure to include staff guidance on the use of mobile hand held devices.	The Confidentiality procedure was reviewed December 2013 and has been expanded to include staff guidance on the subject of mobile hand held devices. A further procedure on 'Social media' was	Twice	Compliant

		(Restated from 10 July 2012)	developed in March 2014. Records confirmed all staff had received a copy of both procedures.		
5	Minimum Standard 8.10	The registered manager is recommended to develop a scheduling tool to ensure service user monitoring visits and contacts are completed in compliance with their policy timeframe.	The agency records confirmed they have develop and implemented a scheduling tool to ensure service user monitoring visits and contacts are completed in compliance with their policy timeframe.	Once	Compliant

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>11.1 having just gone under a performance management with the trust i now feel i have the necessary skills and competency to manage the agency and so by the trust who recently have let me know that im no longer on this performance management.</p> <p>11.3 i have and will continue to undergo any training that is appropriate to ensure that i have the experience and skills to continue to manage the agency.</p> <p>8.17 all necessary training certs are available for inspection in the office.</p>	<p>Provider to complete</p> <p>5 compliant</p>
<p>Inspection Findings:</p>	
<p>The Statement of Purpose dated November 2013 was viewed; this needs expanded to include the responsible person’s qualifications and experience. The policy on ‘Management and Control of Operations’ dated June 2014 reflects a clear structure regarding management within the agency. This structure included the registered person, registered manager, together with their human resources officer, two coordinators and care staff.</p>	<p>Substantially compliant</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). The manager has also completed training in the areas of supervision and appraisal and this is to be commended.

Most areas of training reviewed included a competency assessment element and these had been signed off by the assessor.

Review of a revised process implemented by the agency since the previous inspection in November 2013 detailed new competency assessment tools with an appropriate sign of section had been completed across all mandatory areas.

The registered manager has applied to the Beeches training organisation to undertake the course on 'Performance development for managers'. The value of additional training was discussed during inspection in terms of keeping abreast of new areas of development.

It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2011 to 2014.

<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>7.13 if and when any medication errors or incidents happen i know the appropriate procedure to follow in reporting and recording of such</p> <p>8.10 the responsible person accumulates this info from regular spot checks and monitoring calls as delivered on monthly overall monitoring reports.</p> <p>13.5 staff are given an appraisal each year whereby we both discuss the possibilities available to them for the coming year.</p> <p>12.9 as ongoing spot checks/ observations carried out on staff by myself / co-ordinators it is clear and shows in the delivery of care being delivered on a daily basis</p>	<p>Provider to complete</p> <p>5 compliant</p>
<p>Inspection Findings:</p>	
<p>The agency 'Supervision and Appraisal' policy and procedure dated August 2013 was reviewed and clearly referenced practices for care staff and the processes for management staff regarding supervisions and appraisal.</p> <p>Appraisals for the registered manager currently takes place on an annual basis and records were reviewed for 2012 and 2013 as appropriate. The registered managers file also contained details of the Southern HSC Trust performance management meetings carried out monthly from June to November 2013.</p>	<p>Substantially compliant</p>

Supervision meetings for the registered manager have not been recorded; however the registered manager confirmed that monthly meetings are held with the responsible person. It is recommended that records are maintained of all staff supervision meetings, in line with their procedure timescale.

The inspector reviewed the agency incident log, none received during the last year required to be reported through to RQIA. Therefore no records were reviewed relating to this area.

Monthly monitoring reports completed by the registered person for March to June 2014 were reviewed during inspection and found to be detailed, concise and compliant. Revision of the monthly monitoring report template had taken place since the previous inspection and been implemented.

The agency had completed their annual quality review for the year 2013 which was viewed. The inspector reviewed their previous annual report/ summary and the records confirmed that the summary had been shared with all service users during January 2014.

<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>7.9 up until now our medication policy stated we do not give eye or ear drops , however we need to change this as per trust recommendation we have to be able to apply these as needed, we have had to employ a district nurse for this training. Application of creams is written up by a G.P or district nurses with clear instructions of how and when to apply , relevant sheets are recorded and signed and dated.</p> <p>13.b all staff are given all relevant mandatory training and on going supervision until both carer and my self are sure they are confident in doing all tasks that are required of them via care plans.</p> <p>12.4 all staff training needs are identified and relevant training given to enable them to do their role as care worker.</p> <p>13.1 managers, are trained in supervision and performance appraisals</p>	<p>Provider to complete</p> <p>5 compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a 'Training and Development' policy and procedure which sits alongside the quarterly 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 two coordinators were found to be in place regarding all areas of mandatory training completed annually, most recently from August to December 2013. Both coordinators had completed the NVQ</p>	<p>Compliant</p>

Level 2 in Health and Social Care course with one having completed the NVQ Level 3 award and the other coordinator due to complete the same award.

Both coordinators training records confirmed that they have completed training in the area of staff supervision in February 2014 and this is to be commended.

Most areas of training reviewed included a competency assessment element and these had been consistently signed off by the assessor.

<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>8.10 working practices are audited monthly by the responsible person to ensure they are consistent with the agency’s documented policies and procedures, action taken if and when needed</p> <p>7.13 any medication errors / incidents will be recorded and reported to relevant bodies if and when they happen.</p> <p>12.9 the effect in which training has had on practices is evaluated when monitoring staff also as part of quality improvement carried out by the responsible person.</p> <p>13.5 staf have a recorded appraisal on an annual basis each December this permits both parties to discuss any topics, grievances which may need addressing.</p>	<p>Provider to complete 5 compliant</p>
<p>Inspection Findings:</p>	
<p>The agency ‘Supervision and Appraisal’ policy and procedure dated August 2013 was reviewed and clearly referenced practices for care staff and the processes for management staff regarding supervisions and appraisal.</p> <p>Appraisals for all staff currently take place on an annual basis. Records were reviewed within both coordinators files confirmed completion during 2013 as appropriate.</p> <p>Supervision records for both coordinators viewed in each file confirmed the process having been carried out quarterly in line with their procedure.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	5 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>Provider's Self-Assessment:</p>	
<p>All records are kept in a locked filing cabinet and in a locked file room, they are always available for inspection by the relevant bodies. All records are in good order updated as and when needed, kept in the service user file in their home and a copy kept in the office for inspections. All daily report sheets in service users homes are signed dated at each visit and a description of all tasks carried out as per care plan indicates. Any incidents are reported to management where as in return the manager contacts social worker and then a family member. Any changes made to care plan is documented and gone over with the relevant people i.e service user/ family and care staff All records are accurate and legible signed and dated by the person making the entry.</p>	<p>Provider to complete</p> <p>5 compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies on 'Recording and reporting care practices', 'Handling service user's monies' and the 'Restraint' policy were all reviewed during inspection as compliant.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the Southern HSC Trust recording sheets, alongside a separate record for PRN (as and when required) medications. This was confirmed as compliant during management discussions. • The agency holds 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 two staff files during inspection confirmed staff adherence to records management as detailed within the</p>	<p>Substantially compliant</p>

staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for two staff members during inspection and confirmed as compliant in these areas.

The registered manager discussed records management as a regular topic during staff meetings, review of two recent staff meeting minute records evidenced this topic.

Review of three service user home files by the inspector confirmed appropriate recording in the general notes and medication records with staff detailing the number of tablets given and staff full signatures completed.

Records viewed in one file during home visits noted that this service user was experiencing restraint in the form of bed rails. The use of such was not fully documented in the care plan or risk assessment record for this service user. The matter was discussed with the registered manager and it is recommended that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.

<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>The agency has a policy on service user’s money there are receipt files kept in the service user’s home if staff need to do shopping it will be as a task on a care plan but we do not as a rule deal with service users banking or shopping it is not a service that there is a demand for in this area as to date. However if the need arises there are relevant procedures in place staff are aware at induction what to do and relevant paper work to be kept by staff and service user’s.if this arises the relevant staff to this service user will be updated on the policy and procedure again.</p>	<p>Provider to complete 5 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 staff handbook viewed contains clear guidance for staff on handling service user’s money for emergency food shopping. The manager confirmed that currently no service users require assistance with finances or shopping.</p>	<p>Not applicable</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant 5

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

**THEME 3
Regulation 13 - Recruitment**

Criteria Assessed 1:

COMPLIANCE LEVEL

Regulation 13 The registered person shall ensure 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.

Standard 8.21 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 Access NI; and
- all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .

Standard 11.2 Before making an offer of employment:

- 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>We as an agency ensure that when recruiting suitable domiciliary care staff we follow our recruitment policy and procedures to the latter, these were recently updated and reviewed both by the trust and rqi for the purpose of non compliance to the standard by the agency.</p> <p>8.21 as a registered manager before introducing any staff to our vulnerable adults the following procedure is in place enhanced access ni check 2 references obtained one must be from current or most recent employer if however in a case of just being able to obtain dates from referee i proceed with consent of applicant to obtain another employee reference or in some students cases a school reference. When we receive enrolment forms from niscc we will then register all care staff this is another form of checking .</p> <p>11.2 before making an offer of employment we do require photographic i.d plus two other forms of i.d one must act as proof of current address and must be in date i,e not more than 3 months old references obtained from most recent employer however not all our applicants have been care workers before applying for the post with ourselves. We have a strict code of practice adhering to total understanding of the English language both verbal and written. All gaps in employment history are discussed with applicant and recorded on the relevant section on the application form. Access ni disclosure checks are carried out for all employees and the reference number documented on the application form. Any staff that have had nvq qualifications before coming to us , we will seek a copy of their certificates but as far as mandatory training we carry out our own, we do not take certs from their previous employers. supervisors have relevant regulated body certificates i,e nvq etc.</p> <p>Each care worker has to obtain a medical from their g.p it must be stamped by the G.P. All drivers produce a copy of insurance certificates and driving licence for our records on a yearly basis. We currently do not have staff on working visa or permits but if we do in future have overseas workers i do know to obtain the relevant documentation.</p>	<p>Provider to complete</p> <p>5 compliant</p>
<p>Inspection Findings:</p> <p>Review of the 'Staff Recruitment and Selection' policy and procedure dated August 2013 confirmed general compliance with regulation 13 and schedule 3. However this procedure was further expanded on the day of inspection to include a statement from the registered manager that the person is physically and mentally fit for the work he is to perform, and is now in full compliance.</p> <p>Review of four staff recruitment files for those appointed from November 2013 to February 2014 confirmed compliance with Regulation 13 and Schedule 3. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	<p>Compliant</p>

Following the agency's previous non-compliance with regulation 13 in June 2013, the manager confirmed that they have developed a strong working relationship with their referring trust who will continue to monitor their processes on a spot check basis.

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	5 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 agency had received one complaint during 2013; the inspector reviewed this non-compliance report from the Southern HSC Trust regarding staff recruitment practices and found this to be resolved. No complaints have been received during 2014 to date.

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 Paul O'Keefe responsible person and Patricia Shortt registered 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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Unannounced Primary Inspection

Enable Care Bessbrook

10 July 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 registered person Paul O'Keefe and registered manager Patricia Shortt 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 5	The registered person is required to expand their 'Statement of Purpose' to include the relevant qualifications and experience of the registered person.	Once	This has already been done as and from 30 th July 2014	Within two months of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), 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 13.3	The registered manager is recommended to ensure that all staff has recorded formal supervision meetings in accordance with their procedure.	Once	All recorded supervisions were available for inspection on july 10 th 2014 except for the registered manager's	Within six months of inspection date.
2	Minimum Standard 5.2	The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.	Once	This has been put in place in service user's homes where applicable as and from 31 st july 2014	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	Bridget Patricia short
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Paul o' keefe

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	15/09/14
Further information requested from provider			