



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## **SECONDARY ANNOUNCED FOLLOW UP INSPECTION**

**Inspection No:** IN020947  
**Establishment ID No:** 11270  
**Name of Establishment:** Domiciliary Care Services (North Down & Ards)  
**Date of Inspection:** 26 November 2014  
**Inspector's Name:** Amanda Jackson

**GENERAL INFORMATION**

<b>Name of Agency:</b>	Domiciliary Care Services (North Down & Ards)
<b>Address:</b>	10 Church Street Newtownards BT23 4AL
<b>Telephone Number:</b>	02891511109
<b>E mail Address:</b>	<a href="mailto:veronica.cleland@setrust.hscni.net">veronica.cleland@setrust.hscni.net</a>
<b>Registered Organisation / Registered Provider:</b>	South Eastern HSC Trust / Mr Hugh Henry McCaughey
<b>Registered Manager:</b>	Ms Veronica Cleland (acting)
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Ms Jane Lindsay (currently registering with RQIA as manager)
<b>Number of Service Users:</b>	734
<b>Date and Type of Previous Inspection:</b>	Primary Unannounced Inspection 25 September 2014
<b>Date and Time of Inspection:</b>	Secondary Announced Follow-up Inspection 26 November 2014 09.45 - 11.30
<b>Name of Inspector:</b>	Amanda Jackson

## **1.0 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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **1.1 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.

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.

## **1.2 METHODS/PROCESS**

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

- Discussion with the registering manager
- Examination of records
- File audit
- Evaluation and feedback

## **1.3 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 DHSSPS Domiciliary Care Agencies Regulations and Minimum Standard:

- Regulation 14(a)(b)(e)
- Regulation 15(5)(a)(b)(c)
- Regulation 16(4)
- Minimum standard 13.2.

The inspector has rated the service’s Compliance Level against each criterion and also against each standard.

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

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

## **PROFILE OF SERVICE**

The Domiciliary Care Services (North Down and Ards) is based at 10 Church Street, Newtownards, Co Down and is one of two domiciliary care offices within South Eastern Health and Social Care Trust. The agency serves the North Down and Ards area, including the Ards Peninsula area of Northern Ireland. Under the direction of the registered acting manager Ms Veronica Cleland and registering manager Jane Lindsay, a staff team of 275 provide a range of services to 734 people living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The majority of service users are older people, but they also provide services to those with a learning disability and/or a physical disability that require assistance to maintain an independent lifestyle.

## **SUMMARY**

### **SUMMARY OF INSPECTION**

#### **Review of Action Plans/Progress to Address Outcomes from the Previous Inspection.**

The Domiciliary Care Services (North Down and Ards) had five requirements and two recommendations made during the agency's previous annual announced inspection on 25 September 2014. This inspection was set only to review the first requirement due to this requirement having been stated on two previous inspection reports and QIP's. This requirement was found to be 'moving towards compliant'. Discussion with Jane Lindsay (registering manager) both during inspection and post inspection visit confirmed additional resources had been secured to ensure full compliance in this required area by the end of January 2015. Further follow up by RQIA will take place following this agreed date.

#### **Detail of Inspection Process**

The follow up announced inspection for the Domiciliary Care Services (North Down and Ards) was carried out on 26 November 2014 between the hours of 09.45 and 11.30. The agency continues to make steady progress in respect of the identified area discussed in the body of this report and provided assurance that compliance will be achieved by 31 January 2015.

**One requirement has been carried forward in respect of the outcomes of this inspection.**

## FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 14(a)(b)(e)  Regulation 15(5)(a)(b)(c)  Regulation 16(4)	The registering manager is required to revise and implement the policies, procedures and processes for staff quality monitoring.  (Minimum standard 13.2)	<p>The inspector completed a follow up inspection to review the area of staff and service user quality monitoring given that this area had been raised three times on the previous QIP.</p> <p>Review of a range of staff quality monitoring across all five locality areas for this service (Ards Peninsula (1), IDCS (Intensive domiciliary care service which covers all of the trust area (2), Bangor West and Holywood (3), Newtownards and Comber (4) and Bangor East (5) evidenced a concerted effort on behalf of the agency to meet compliance with requirement one. However, due to management staff shortages experienced since before the previous inspection the agency continues to struggle to meet the minimum standards in compliance with their own policy timeframes for staff quality monitoring. The agency policy sets out timeframes of once annual appraisal, once annual supervision together with once annual spot check per staff member in the given twelve month time period. A substantial number of staff across locality areas remain outstanding in terms of spot checks/quality monitoring visits and staff supervision for the 2014 year.</p>	Moving towards compliance  To be completed by 31 January 2015

			<p>The inspector further reviewed service user quality monitoring for 2014 in line with the agency policy timeframes of once annually and again found significant numbers of service users across all locality areas who have not received the minimum required visit for this 2014 year.</p>	
--	--	--	---	--

## **ADDITIONAL AREAS EXAMINED**

No additional areas were reviewed during this inspection.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with **Jane Lindsay (registering 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.

Where the inspection resulted in no recommendations or requirements being made the provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Amanda Jackson**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Announced Inspection

#### Domiciliary Care Services (North Down & Ards)

**26 November 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 **Ms Jane Lindsay (registering manager)** receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 14(a)(b)(e) Regulation 15(5)(a)(b)(c) Regulation 16(4)	The registering manager is required to ensure the processes for service user and staff quality monitoring are compliant with the agency policy and procedure timeframes.  (Minimum standard 13.2)	Fourth	Additional resource was allocated by the Trust to ensure compliance by stated date. All Managers have been prioritising compliance with Trust policy on service user and staff monitoring and the Registering Manager has been overseeing progress in this area. The Department will be fully compliant by the 31 <sup>st</sup> January 2015.	To be completed by 31 January 2015

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Jane Lindsay
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Hugh McCaughey

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	A.Jackson	03/02/15
Further information requested from provider			