

Unannounced Domiciliary Care Agency Inspection Report 07 June 2016



Advanced Community Care

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Advanced Community Care took place on 07 June 2016 from 09:45 to 17:30

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

One area for quality improvement was identified in respect of staff quality monitoring not completed as part of an adult safeguarding protection plan in accordance with standard 14.9.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring for service users have not been implemented consistently in line with regulations and standards, in order to provide continuous review of services in conjunction with service users and their representatives.

Three areas for quality improvement were identified regarding service user quality monitoring in accordance with the agency procedures and standard 8.2. The agency has been recommended to ensure service users are kept informed regarding those staff attending the service user in accordance with standard 3.5. The agency is recommended to implement an annual quality review process and provide a report in line with standard 8.12.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

One area for quality improvement was identified as detailed under the above section 'Is care effective'. This area for improvement relates to ensuring ongoing service user quality monitoring in accordance with standard 8.2.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

One area for quality improvement was identified regarding review of the current monthly quality monitoring procedure in accordance with Standard 8.11.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

Other than those actions detailed in the previous quality improvement plan (QIP) there were no further actions required to be taken following the last inspection.

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the QIP within this report were discussed with Mr Niall Smyth registered person and manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered person: Mr Niall Eugene Smyth/Advanced Community Care	Registered manager: Mr Niall Eugene Smyth
Person in charge of the agency at the time of inspection: Mr Niall Eugene Smyth	Date manager registered: 16 July 2013

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report;
- Previous quality improvement plan;
- Record of notifiable events for 2015/2016;
- User Consultation Officer (UCO) report;
- Record of complaints notified to the agency

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

- Discussion with the registered person/manager;
- Consultation with two staff;
- Examination of records;
- File audits;
- Evaluation and feedback

Prior to the inspection the UCO spoke with four service users and six relatives, either in their own home or by telephone, on 16 and 17 May 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

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

The UCO also reviewed the agency's documentation relating to four service users.

On the day of inspection the inspectors met with two care staff to discuss their views regarding care provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. No staff questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Two recently recruited staff members records
- Two longer term staff recruitment records
- Induction policy and procedure, programme of induction and supporting templates
- Two recently recruited staff members induction and training records
- Training and development policy and procedure
- Staff supervision and appraisal policy and procedures

- Three long term staff members quality monitoring, supervision, appraisal records
- Three long term staff members training records
- Three staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three vulnerable adult reports
- Three trust contract compliance reports
- Three new service user records regarding referral, assessment, care planning and review
- Three long term service user records regarding review, reassessment and risk assessment
- Three long term service users quality monitoring records
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three monthly monitoring reports completed by an outside consultant;
- 2016 Annual quality report
- Three compliments
- Two staff meeting minutes
- Six emails to trust professionals/keyworkers regarding changes to service users care
- Three complaints records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 19 and 30 November 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 19 and 30 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16(2)(a)	The registered person/manager is required to ensure all staff receive training in accordance with the agency's policy and procedure RQIA Guidance on Mandatory Training (September 2012).	Met
Stated: Second time	Action taken as confirmed during the inspection: Review of three staff training records confirmed compliance with Regulation 16(2)(a).	

<p>Requirement 2</p> <p>Ref: Regulation 13 (d) and Schedule 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless – full and satisfactory information is available in respect of each of the matters specified in Schedule 3.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of four staff recruitment files confirmed compliance with Regulation 13 (d) and Schedule 3.</p>	<p style="text-align: center;">Validation of compliance</p>	
<p>Recommendation 1</p> <p>Ref: Standard 15.10</p> <p>Stated: First time</p>	<p>The registered person must ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the actions taken.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of three complaints records confirmed compliance with Standard 15.10.</p>	<p>Recommendation 2</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p>	
<p>The registered manager shall ensure that working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action taken when necessary.</p> <p>Refers to closer monitoring and maintaining a record of missed or late calls to ensure better service continuity.</p>	<p style="text-align: center;">Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>Review of the missed and late calls register held by the agency supported appropriate processes in place for ongoing monitoring and review. Evidence supported discussions with staff and monitoring of trends arising.</p>		

4.3 Is care safe?

The agency currently provides services to 200 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Two files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The agency incorporates elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process. Due to staff not currently requiring to be registered with NISCC this process has not been fully embedded by the agency. The agency manager confirmed plans to register staff in line with NISCC timeframes and at that point will fully implement the NISCC induction standards. One of the two care staff interviewed during the inspection day, had commenced employment within the previous eighteen months. This staff described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Advanced Community Care. There were mixed results in regards to new carers having been introduced to the service user by a regular member of staff; it was felt that this was important both in terms of the service user's security and that the new carer had knowledge of the required care. Discussion of this matter with the registered person/manager confirmed the agency have found it difficult to maintain this standard due to high staff turnover rates. The inspector discussed methods to assist with this process which the registered person/manager agreed to implement.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers if they have any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Peace of mind for the family when at work."
- "Very good carers."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance to the required standards. The policy however requires updating in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The registered person/manager provided assurances that this policy would be reviewed. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/16 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care needs. This mandatory training is currently facilitated in house whilst the agency are introducing induction training from an outside agency due to high staff turnover. This induction training is commencing in late June 2016. Discussion during inspection with both care staff confirmed satisfaction with the quality of training offered.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

A review of safeguarding documentation regarding three safeguarding matters confirmed that potential concerns were managed appropriately and in accordance with the regional safeguarding protocols and the agency policies and procedures. However one record did not support follow up staff monitoring in line with the protection/action plan and this has been recommended where appropriate for all future matters.

Both care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of three service user files did not confirm that the agency management had carried out care review meetings with service users/representatives on a consistent basis to ensure service user needs were being met. This was supported by feedback received from a number of service users and families during UCO discussions who were unaware of quality monitoring taking place. The registered manager explained that the agency was seldom invited to contribute either in writing or attend the commissioning trust arranged care review meetings with service users/representatives. The agency manager confirmed that trust representatives were contactable when required. The registered manager confirmed the agency provide feedback to the trust commissioners as necessary. Feedback in this regard was reviewed within several service user files during inspection.

Service users and relatives spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group. However service user and family feedback did highlight variation in call times and this was confirmed during inspection discussions with the registered person/manager due to high staff turnover. The registered person/manager agreed to review current rota arrangements in light of the variances raised during UCO contacts.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Areas for Improvement

One area for improvement was identified during the inspection.

The agency has been recommended to ensure follow up protection measures are implemented with staff as part of vulnerable adult protection plans in accordance with standard 14.9.

Number of Requirements	0	Number Recommendations:	1
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4.4 Is care effective?

There were mixed results regarding the carers' timekeeping and service users being introduced to new carers by a regular carer. Three relatives also advised that they had experienced a small number of missed calls from the agency. None of the people interviewed raised any concerns regarding care being rushed. Timekeeping and introduction of carers was discussed during the inspection with the registered person/manager and the register for missed and late calls was reviewed during inspection. The process confirmed ongoing review of missed/late calls and was discussed by the registered person/manager as contributory to the high staff turn over the agency has experienced during the previous year. The registered person/manager provided assurances during inspection that both matters would continue to be reviewed during monthly quality monitoring.

Issues regarding the lack of communication between the service users, relatives and the agency were raised with the UCO. There were mixed results regarding home visits having taken place and only one service user was able to confirm that they had received a questionnaire from the agency. All of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package. The registered person/manager confirmed that annual quality questionnaires are issued to service users but response rates have been poor over recent annual reviews. Review of the 2016 annual quality report during inspection was found not to be compliant with standard 8.12 and a recommendation has been made. Review of quality monitoring during inspection was not found to be compliant with the agency policy timeframes and a recommendation has also been made in this respect.

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

- "Never any problems with the carers."
- "There is some variation in call times."
- "No concerns about the carers but little communication from the office."

During the home visits, the UCO reviewed the agency's documentation in relation to four service users and some variation in call times was noted.

The agency maintains recording templates in each service user's home file on which care workers recorded their visits. The UCO reviewed four completed records, which confirmed variation in call times. This matter was discussed with the registered person/manager and assurances provided that service user call times would be reviewed and consistent were possible.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing monitoring/ spot checks were being completed by their manager to ensure effective service delivery.

The registered person/manager confirmed discussion of records management during staff team meetings and during training updates, discussion with two staff during the inspection supported ongoing review of this topic. Minutes of staff meetings were reviewed during inspection and supported such updates.

Service user records viewed included referral information received from the HSC Trust care bureau and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The agency risk assessments completed by staff during their initial service visits contained evidence that service users and/or representative’s views had been obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users. The inspector noted that the service user guide and agreement template varied from the completed agreement within the files reviewed and this was discussed with the registered person/manager for review.

Service user records evidenced that the agency have not carried out care reviews with service users quarterly in line with the agency procedure. Annual questionnaires were confirmed by the registered person/manager as issued to service users to obtain feedback on services provided but the response rate is generally low. Service user files reviewed during inspection contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans. The agency also maintain a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency has not completed their annual quality review report for 2016 in accordance with standard 8.12, a recommendation has been made.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user’s choice, dignity, and respect.

Areas for improvement

Three areas for improvement were identified during the inspection.

The agency has been recommended to ensure service users are kept informed regarding those staff attending the service user in accordance with standard 3.5. The agency is recommended in implement an annual quality review process and provide a report in line with standard 8.12 and ongoing service user quality monitoring is recommended in accordance with standard 8.2.

Number of requirements:	0	Number of recommendations:	3
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4.5 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have not been sought through home visits, phone calls or questionnaires on a regular basis to ensure satisfaction with the care that has been provided by Advanced Community Care. Examples of some of the comments made by service users or their relatives are listed below:

- “Really pleased with them.”
- “My XXX has developed a good relationship with the carers.”

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency implement service user quality monitoring practices on a quarterly basis through home visits. Records reviewed during inspection did not support quality monitoring in compliance with the agency timeframes and this has been recommended going forward. Quality monitoring from completed service user visits alongside monthly registered person/manager contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘I was very impressed with XXX care and support of XXX, please thank her from me’ (Trust professional)
- ‘Thank you for excellent service in this case’ (Trust professional)
- ‘Thanks for all your help in trying to make this respite work’. (Trust professional)

Areas for improvement

One area for improvement was identified during the inspection.

The agency has been recommended to ensure ongoing service user quality monitoring in accordance with standard 8.2 as previously stated in the previous section of this report ‘Is care effective’.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person and manager Mr Niall Smyth the agency provide domiciliary care and support to 200 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Review of service user agreements within service user files were found to be in a different format to the master document and this was requested for review. The registered person and manager provided assurances that this matter would be addressed.

The policy and procedure manual was reviewed and contents discussed with the registered person/manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Concerns regarding communication from the agency and how one complaint was handled were raised during the interviews.

The complaints information was reviewed within the service user guide during inspection.

The complaints log was viewed for 2015 and 2016 to date, with a range of complaints recorded. Review of three complaint records supported appropriate review and resolution. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered person/manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of three reportable incidents which had occurred since the previous inspection confirmed appropriate procedures in place.

Three commissioning trust contract compliance matters arising since the previous inspection were reviewed during inspection. All matters had been appropriately reviewed by the agency and communicated with the trust; appropriate records had been completed and were held centrally for review.

The inspector reviewed the monthly monitoring reports for February to April 2016. These reports evidenced that an outside consultant had been monitoring the quality of service provided in accordance with minimum standards. The reports did not always reflect feedback from service users, staff and commissioners and did not support review and sign off by the registered provider, both matters have been recommended going forward.

The two care workers interviewed indicated that they felt supported by senior staff who were described as approachable and always available. The on-call system in operation was described as invaluable to them for sharing concerns, seeking advice but also as a support and reassurance outside office hours. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs.

Ongoing electronic communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

Areas for improvement

One area for improvement was identified during the inspection.

The agency has been recommended to review the current monthly quality monitoring procedure in accordance with Standard 8.11.

Number of requirements:	0	Number of recommendations:	1
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Additional matters reviewed during inspection

The inspector discussed matters including incidents remaining open at the time of inspection, two matters raised via RQIA duty system and matters raised with the RQIA UCO during service user home visits. The registered person/manager provided information and discussion in relation to all matters raised and provided assurances that any outstanding matters would continue to be notified to the inspector.

5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Niall Smyth (Registered person/manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Agencies.Team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>Where shortcomings in systems are highlighted as a result of investigation, additional identified safeguards are put in place. (regarding staff quality monitoring as part of vulnerable adult protection/action plans, where appropriate)</p> <p>Response by registered person detailing the actions taken: When a shortcoming in a system or process is highlighted as a result of an investigation (or from any other source) an Action Plan will be devised by the Registered Manager and Operational Manager and reviewed fortnightly by the Registered Manager until all identified actions have been satisfactorily achieved. The Registered Manager will sign off the completed Action Plan. All paperwork relating to actions required from specific care workers will be held in the care worker's Training and Development file. See Appendix 1 for copy of new proforma outlining documentation for this process.</p>
<p>Recommendation 2</p> <p>Ref: Standard 3.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>The service user is informed of the names of the staff coming to his or her home prior to the service commencing.</p> <p>Response by registered person detailing the actions taken: ACC are currently liaising with our rota management software providers who believe they can add an "additional marker" to our rota system which will flag up when a care worker visits a service user for the first time. Once this electronic cue is provided ACC will contact the service user to advise that a new care worker will be calling and explain why this is happening. Where practical ACC will endeavour to arrange a shadow call so that the new care worker can make themselves known to the service user and observe how a usual worker carries out this call before the new worker is required to carry out the call on their own. ACC will also follow up with service users if they are satisfied with the new care worker as part of ongoing monitoring by Senior Care Workers and will take appropriate action if this is not the case.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 07 September 2016</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>Response by registered person detailing the actions taken: ACC will update the Annual Report as recommended to include the views of all stakeholders. Stakeholders will be contacted over the next four weeks and comments will be added to data already held onsite to enhance the content of the Annual Report. The revised Annual Report will be available by no later than 07/09/2016</p>

<p>Recommendation 4</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>The registered manager ensures the agency delivers services effectively on a day to day basis. (regarding service user quality monitoring)</p> <p>Response by registered person detailing the actions taken: The Operational Manager will introduce a systematic process which will enable Senior Care Workers to carry out service user evaluations on a more frequent basis with an agreed monthly target for completion. The Registered Manager will sign off all service user evaluations completed in month by Senior Care Workers. Any matters arising will be made subject to an Action Plan to enable prompt remedial action. Completed signed off service user evaluations will be stored in service users office files for ease of access.</p>
<p>Recommendation 5</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be completed by: 07 July 2016</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. The report summarises any views of service users and/or their carers/representatives ascertained about the quality of the services provided, and any actions taken by the registered person or registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Response by registered person detailing the actions taken: All Regulation 23 reports will include in month feedback from service users, carers to rectify such a situation and commissioners. The Registered Manager will sign off any previous Action points. He will identify and discuss any Action points where further steps are required before final sign off. The Registered Manager will ensure that the Reg 23 reports are shared with the Operational Manager who will monitor the achievement of required Action points, feeding back to the Registered Manager as requested.</p>



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