

Unannounced Care Inspection Report

26 June 2018



Colin Care

Type of Service: Domiciliary Care Agency

Address: Cloona House, 31 Colin Road, Poleglass, Belfast, BT17 0LG

Tel No: 02890431275

Inspector: Marie McCann

User Consultation Officer: Clair McConnell

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency which provides a range of services including personal care, practical and social support and sitting services. Service users have a range of needs including dementia, mental health, learning disability and physical disability. Their services are commissioned by the Belfast Health and Social Care Trust and the South Eastern Health and Social Care Trust (HSCT).

3.0 Service details

Organisation/Registered Provider: Colin Care Responsible Individual(s): Mrs Annie Armstrong	Registered Manager: Mrs Philomena (Phyllis) McQuillan - Acting
Person in charge at the time of inspection: Mrs Philomena (Phyllis) McQuillan	Date manager registered: As above

4.0 Inspection summary

An unannounced inspection took place on 26 June 2018 from 09.00 to 17.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, risk management, communication between service users, agency staff and other key stakeholders and provision of compassionate care.

Areas requiring improvement were identified with regards to recruitment information held; review of the agency's adult safeguarding and recruitment and selection policy's and staff training. Ensuring action taken in response to service users comments is evidenced, registration of staff with NISCC and improving governance systems to audit incidents, accidents, complaints and safeguarding referrals.

Service users' comments are reflected throughout the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Phyllis McQuillan, manager, Annie Robinson responsible person and the operations manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 20 July 2017

No further actions were required to be taken following the most recent inspection on 20 July 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- unannounced care inspection report dated 20 July 2017
- incident notifications which evidenced that nine incidents had been notified to RQIA since the last care inspection on 20 July 2017
- information and correspondence received by RQIA since the last care inspection
- user consultation officer (UCO) report

As part of the inspection the UCO spoke with five service users and five relatives, either in their own home or by telephone, on 29 May 2018 to obtain their views of the service. The service users spoken to informed the UCO that they received assistance with the following:

- management of medication
- personal care
- meals
- stoma care

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

During the inspection the inspector met with the manager, responsible person, operations manager and four care staff.

The following records were examined during the inspection:

- Four service users' individual care records
- Three staff individual personnel records
- Incidents for April 2018
- Complaints and compliments record
- A sample of minutes of staff meetings dated April 2018 and June 2018
- A sample of monthly quality monitoring visit reports dated February 2018, April 2018 and May 2018
- Recruitment and Selection Policy
- Safeguarding Policy
- Complaints Policy
- Whistleblowing Policy
- The Statement of Purpose/ Service User Guide October 2016

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises which invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. The manager reported that in addition to displaying the poster, a copy of the poster would be given to all staff at the end of the week. No questionnaires were returned.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to the manager to be displayed in the agency offices.

The inspector would like to thank the registered manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 July 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 July 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspector requested a list of recently recruited staff and a random sample of three personnel files were reviewed. These records confirmed that the majority of the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. However, discussion with the manager and the review of records highlighted that a number of

deficits were identified in relation to information that is required in line with regulation. These related specifically to the requirement to obtain two references, one from an applicant's most recent employer, having a satisfactory written explanation of any gaps in employment and a statement to be completed by the registered manager, confirming that the person was physically and mentally fit for the purposes of the work he/she has to perform. It was noted that this statement was recorded within the individual pre-employment health assessment but on the records viewed, the statement was not signed. An area for improvement was made in this regard. The inspector further recommended that the eligibility questions which form part of the agency's interview process should be updated in order to highlight whether applicants have ever been involved in disciplinary proceedings in previous employment. In addition the application form should require applicants to record the month they commenced or ceased employment, as some applicants were noted to record the year of employment only. The inspector also referred to recent communication from RQIA to providers issued 22 March 2018 which provided guidance on the management of pre-employment references.

A review of the agency's recruitment and selection policy did not include the requirements as per regulation 13 Schedule 3. An area for improvement was made in this regard.

A review of sample of staff induction records evidenced that staff received an induction lasting at least three days which included mandatory training and shadowing with experienced staff. Discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided them with the skills to fulfil the requirements of their job roles. One staff member commented: "you receive mandatory training and shadowing which is compulsory before you work with clients, you wouldn't be allowed out without it".

The inspector noted that staff training certificates were maintained in individual personnel files. On the day of inspection the manager demonstrated that the agency were in the process of creating a training matrix on their online system which would record the dates for all staff mandatory and any additional training, which would enable the agency to undertake a training needs analysis of training required and action as appropriate. It was agreed that this completed training review would be forwarded to the inspector following the inspection. A review of the agency's training matrix identified that a number of staff training updates were outstanding. An area for improvement was made in this regard.

Discussions with the manager and staff established that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The importance of providing consistent staff to service users was evident; however the manager and staff discussed the challenges faced in providing continuity of care on occasions due to staff absences. The manager discussed the ongoing recruitment of new staff and incentives the agency was implementing for staff willing to work additional shifts.

A review of the agency rotas was not undertaken as part of this inspection process as the agency was working with the Belfast Health and Social Care Trust (BHSCT) to undertake an extensive review of their rota system due to issues highlighted as part of the BHSCT governance monitoring process. RQIA had been provided with updates from the agency and BHSCT advising that this process was making progress. Assurances were provided by the agency and BHSCT that RQIA would be kept informed of any outstanding concerns. The agency shared with the inspector feedback from the South Eastern Health and Social Care Trust (SEHSCT) recent annual contracts governance visit with the agency. Although no specific issues were raised regarding staff rotas the SEHSCT had also requested the agency

to undertake a review of rotas pertaining to service users from the SEHSCT once they have completed with process with the BHSCT. The manager confirmed that the agency aims to ensure additional staff are trained in the management of the rota system to provide contingency arrangements if specific staff members are not available. The inspector stressed the importance of this to ensure the seamless operational management of service user calls.

The manager and operations manager reflected on a number of recent adult safeguarding investigations that the agency had been involved in with the BHSCT adult safeguarding team. The agency accepted that there was learning for them and that they were working in consultation with the BHSCT to follow up any outstanding action plans. The manager provided assurances that there were no outstanding risks to any service users as a result of recent adult safeguarding investigations.

Discussions with the manager and operations manager established that they were aware of the regional 'Adult Safeguarding Prevention and Protection in Partnership', July 2015 and its associated Operational Procedures, September 2016. They demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The agency had an interim Adult Safeguarding Champion (ASC) identified. With the aim that the manager will become the ASC on completion of specific training planned for October 2018. However, a review of the agency's safeguarding policy identified that it did not fully reflect the details of the regional policy and procedures. An area for improvement was made in this regard.

Staff spoken with provided feedback which indicated that they had a good understanding of the management of risk, and the importance of reporting any issues to the management team in a timely manner. A review of the agency's online system which recorded telephone calls and emails with respect to service users issues or concerns, evidenced that staff responded appropriately and in a timely manner and that there was meaningful engagement with service users, their relatives and the relevant HSCT representatives as applicable.

Staff were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and about poor practice, and were confident of an appropriate management response. The agency's Whistleblowing policy and procedure was reviewed and found to be satisfactory.

The manager confirmed that the agency policy requires that staff receive a yearly annual appraisal, two formal management visits (spot checks) and a six monthly informal review. The manager maintains a matrix to identify when these are required. A review of a sample of records since June 2017 evidenced that staff had an annual performance review and three formal management visits. The manager advised that a record was not routinely maintained of the six monthly informal reviews. The inspector advised that a record should be maintained of these meetings which the manager agreed to implement. The inspector also stressed that clear objectives should be set which can then be measured and reviewed at subsequent appraisals.

The UCO was advised by all of the service users and relatives spoken to that there were no concerns regarding the safety of care being provided by Colin Care. New carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included stoma care, manual handling and working with a service user with dementia. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re doing a very good job.”
- “Office staff are very supportive.”
- “Gives me peace of mind that someone calls regularly with xxxx and contacts me if anything is wrong.”

Staff comments:

- “All my training is up to date, the training is very good there is always some training nearly every six months.”
- “If staff are less confident in certain areas...., additional training is given.”
- “There is always training being offered, the training is very good.”
- “The training has come on loads.”
- “They (the agency) pay for training, the training is very thorough.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and risk management.

Areas for improvement

Four areas for improvement were identified with regards to recruitment information held by the agency; review of the agency’s adult safeguarding and recruitment and selection policy’s and staff training.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. Discussions with staff and review of records evidenced that collaborative working existed with service users, their relatives and multi-disciplinary representatives.

The agency provides care as outlined in the care plan provided by the relevant HSCT in consultation with the service user and/or their representatives. Service user records viewed on the day of inspection included referral information and care plans received from the appropriate referring HSCT. The referrals contained information regarding service users and/or their representatives and detailed the services being commissioned and included relevant assessments and a risk screening tool, as necessary. There was evidence within the records

viewed that care plans and assessments were updated as the commissioned care provision changed. As outlined in the statement of purpose there was evidence that the agency completed a risk assessment to identify any risks to either service users or to staff. The inspector noted that the risk assessment document was typically reviewed annually. The inspector advised that staff completing the review of the risk assessment should record if no change is required, include the full date the reassessment was completed and clearly record who completed the reassessment.

Review of the management of records within the agency during the inspection evidenced that appropriate storage and data protection measures were being maintained.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The manager confirmed that HSCT representatives were contactable when required regarding service user matters, and evidence of these communications were evident during inspection. The manager advised that there was inconsistency within the HSCT regarding the agency being invited to HSCT annual care reviews. However the manager did acknowledge that care reviews would be readily organised at the request of either the HSCT or the agency if there were any concerns.

The manager and staff described effective communication systems in use within the staff team, to ensure staff received information relevant to the care and support of service users. Staff confidently described how they would escalate any concerns to ensure the safety and wellbeing of service users. Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff confirmed they had access to the management team via telephone; including out of hours support.

A review of team meeting minutes since the last inspection evidenced that they were typically held monthly, minutes were typed and had a varied agenda. A review of the minutes of meetings held in April 2018 and June 2018 evidenced discussion regarding the role of NISCC, implications for staff with respect to the General Data Protection Regulation, learning required from recent adult safeguarding investigation with respect to recording and incentives for staff to undertake additional shifts if needed. The manager agreed to improve the arrangements to ensure the names of all staff in attendance are recorded and that all staff are given a copy of the minutes of team meetings. The inspector also suggested to the manager that the record of staff meeting minutes should be improved to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at the next meeting. The manager agreed to action this.

Post inspection the operations manager confirmed that the agency was undertaking an audit of daily recording sheets held in service users homes. The inspector recommended that the agency develop a system and update its policy accordingly to ensure that daily contact records are routinely collected at set intervals from service users' homes and clear audit arrangements are in place which will facilitate identification of issues and enable corrective action to be taken.

The UCO was informed by the service users and relatives spoken to that there were no concerns regarding carers' timekeeping or that care had been provided in a rushed manner. The service users and relatives spoken to also advised that they had not experienced any missed calls from the agency. Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Colin Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service. Some of the service users and relatives spoken to were also able to confirm that they had received a questionnaire from the agency.

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

- “Great help.”
- “No complaints whatsoever.”
- “Have got to know the faces.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to four service users and no issues were identified.

Staff comments:

- “It’s important to have consistency with clients, we know the clients well, you can see changes in mood or health or if they are not themselves, staff are good at picking up any issues and ringing the office or out of hours to follow up.”
- “We do our own reviews; I haven’t been invited to a Trust review to date.”
- “They (management) are strict on recording everything.”
- “If you don’t record it, it didn’t happen they are always stating this at team meetings.”
- “There are spot checks carried out with all staff.”
- “You are definitely always made aware of the care to be provided for each client and the office always contacts you to give updates.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection assessed the agency’s ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care they receive. Discussions with the manager and staff indicated that the values such as choice, dignity and respect were embedded in the culture of the organisation.

Discussions with the manager, staff and feedback from the UCO indicated that staff communicate appropriately with service users. The agency had processes in place to seek feedback from service users at various intervals. Details of the records of the agency’s service user care review meetings; formal management visits (spot checks) in service users’ homes and telephone contacts as part of the monthly quality monitoring reports were viewed. They provided evidence that the agency endeavours to engage with service users and where appropriate their representatives in relation to the quality of the service provided. The inspector discussed with the manager several issues that had been raised by service users within the agency’s care review records, the manager was able to describe the action that had been taken to address the issues to the satisfaction of the service users, however this was not reflected within the agency’s records. An area for improvement has been made in this regard.

All of the service users and relatives spoken to 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 provided in a rushed manner. Service users, as appropriate, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Colin Care. Examples of some of the comments made by service users or their relatives are listed below:

- “Very friendly to us both.”
- “They have a bit of laugh together. The carers are always pleasant.”
- “Xxxx loves having a chat with the carers.”

Staff comments:

- “I love working for Colin Care.”
- “I love the work it’s very rewarding.”
- “The pay doesn’t drive you to do the job, it’s the bonds and (working) relationships you develop with the clients.”
- ”I couldn’t see myself doing anything else, I enjoy working with the clients.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

An area for improvement was identified with regards to ensuring that necessary action is taken on receipt of service user feedback to ensure safe, effective and compassionate care is provided and that action taken is recorded.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection assessed the agency's management and governance systems in place to meet the needs of service users and drive quality improvement. The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, Phyllis McQuillan, administrative support staff and care staff, domiciliary care and support is provided to people living in their own homes. The manager and staff who met with the inspector could clearly describe staff roles, responsibilities and lines of accountability. Staff described the process for obtaining support from senior management if required.

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR) the manager and operations manager confirmed that advice has been sought regarding their GDPR responsibilities and update training was being provided to staff. The inspector advised the manager to review guidance available on the RQIA website and to liaise with the HSCT regarding their GDPR responsibilities accordingly.

Discussions with the manager and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed, and staff reported they were confident that they would be listened to. In addition staff confirmed they felt supported by the management team to fulfil their roles and responsibilities. Staff comments included:

- "I feel well supported and I am able to raise any issues."
- "There is good support from colleagues."
- "There is a definite chain of command; we know where to go or who to speak to if we had any issues."
- "I had to whistle blow in my last job, but don't feel I would ever have to do it here, they (management) are always talking about whistleblowing at each team meeting."
- "All staff come into the office every Friday – we are always interacting with the manager."
- "We have staff meetings every month and are able to raise any issues."
- "Management are very approachable."
- "I feel I can always speak about any issues, not that I have needed to, my colleagues are very good."

During the inspection the inspector viewed a sample of the agency's policies; it was identified that they had been reviewed and updated in accordance with timescales for review as outlined within the minimum standards. The manager confirmed that staff were informed of the full range of policies and procedures as part of their induction. Staff had access to a range of the agency's policies and procedures contained within the staff handbook and additional policies and procedures could be accessed by staff upon request.

The agency's governance arrangements to highlight and promote the identification of and management of risk were inspected. A sample of incidents viewed for April and May 2018 noted that a record was available on the agency's online system within individual service user records; there was evidence that they had been managed and followed up appropriately with the relevant HSCT. However the agency is required to improve its system of managing and auditing incidents, accidents and complaints to enable identification of any patterns, trends

which would then direct and inform actions plans. An area for improvement was made in this regard.

The inspector discussed the notifications received by RQIA since the previous inspection in conjunction with the current statutory notification of incidents guidelines provided by RQIA. Discussion confirmed that the majority of the incidents were not notifiable to RQIA. The manager confirmed full understanding that the incidents discussed remain reportable to the relevant HSCT as part of their commissioning contract.

The inspector confirmed that monthly quality monitoring visit reports were available for review from the last care inspection up to May 2018. Samples of reports were viewed for February 2018, April 2018 and May 2018 and were found to be in accordance with minimum standards with input from service users, relatives, staff members and commissioners. The inspector advised that all contacts with service users and or their relatives by the person responsible for completing the monthly quality monitoring report should be evidenced within service user records reflecting date, time and details of calls. The operations manager agreed to implement this.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body. A review of records identified that one care staff member had not been registered with NISCC. Immediate action was taken on the day of inspection to ensure that staff member was not supplied for work until appropriately registered. A review of NISCC registration of staff confirmed that all other staff were registered with NISCC or were waiting processing of their application. An area of improvement was made in this regard and the manager provided assurances that a system would be put in place to ensure that this would not occur again.

The agency's complaints policy was noted to be appropriately detailed and included informal, formal, appeal and external remedies. With details of the role of RQIA, the Northern Ireland Public Services Ombudsman and contact information of independent advocacy services included. The inspector reviewed the agency's record of complaints and compliments since the last inspection. It was noted that there were no complaints since the last inspection, this was discussed with the manager who advised that all incidents/issues were reported and dealt with via the reporting process involving with HSCT and the agency's own complaints process was not instigated unless the service user or their representative had requested this. It was positive to note that they the agency had received 14 compliments from service users, their relatives and HSCT keyworkers.

All of the service users and relatives spoken to confirmed that they are aware of whom they should contact if they have any concerns regarding the service. The UCO was advised that the office staff were very supportive and dealt with any issues raised with them appropriately.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The manager advised that the agency does not seek any further equality information from the service users other than that provided by the commissioning HSCT. The data provided by the HSCT is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Areas of good practice

There were examples of good practice found throughout the inspection in relation to compliments received and maintaining good working relationships with staff.

Areas for improvement

Two areas for improvement were identified with regards to ensuring all staff are registered with NISCC as applicable and ensuring a robust governance system is in place for managing and auditing of incidents, accidents, complaints and safeguarding referrals. This will support the agency to identify the emergence of any patterns or trends, upon which an action plan can be devised to address any identified deficits.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Phylis McQuillan, manager, Annie Armstrong responsible person and the operations manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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 relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This related specifically to:</p> <ul style="list-style-type: none"> • the requirement to obtain two references, one from an applicant's most recent employer, • the completion of a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work he is to perform and • having a satisfactory written explanation of any gaps in employment. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The Agency's Policies and Procedures have been amended to reflect Regulation 13 Schedule 3. Guidelines from RQIA dated 22nd March 2018 relating to Pre Employment References have been inserted in the Agency's Policies and Procedures. The deficiencies highlighted from the sample files are currently being followed up for correction. The eligibilty questions forming part of the Agency;s interview processes have been updated to reflect any disciplinary proceedings that may have taken place in previous employment, the month the applicant commenced or ceased previous employment and clarification on any gaps in employment.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2018</p>	<p>The registered person shall ensure that the policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The Agency's Policies and Procedures have been upgraded in line with the specific detail in the DHSSPS Minimum Standards 2011 relating to staff recruitment.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2018</p>	<p>The registered person shall ensure that the procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Agency's Policies and Procedures and Staff Handbook have been upgraded to reflect the recommendations and sources of additional information supplied by the Inspector: 1. DHSSPS Regional Policy "Adult Safe Guarding Prevention to Protection in Partnership" (July 2015) 2. Operational Procedures (September 2016). Staff Handbook has been emailed and receipted, with the enhancements relating to Adult Safeguarding, detailing the additional sources of information and reference points, detailed above. The Agency's accompanying mail highlights these key areas for staff refresher training and reading.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2018</p>	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Any outstanding staff training/refresher needs are currently being addressed. The Agency's system for staff training monitoring/planning is being reviewed in line with the upgrade of data input to Staff Plan in order that there is one source point for each individual staff member.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 1.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure records are kept of comments made by service users and their carers/representatives regarding the quality of care delivered and the actions taken by staff in response to the comments.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Agency has undertaken a programme to update records, in one location, Staff Plan, all interactions with service users/carers/referring professionals in order that there is one source of information that details a holistic record of service user details/feedback and outcomes.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2018</p>	<p>The registered person shall ensure 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>This relates to, but is not limited to, having a system to monitor patterns and trends with respect to incidents, accidents, complaints and adult safeguarding incidents and identify actions taken, actions still required and outcomes.</p> <p>Ref: 6.7</p>
<p>Area for improvement 6</p> <p>Ref: Standard 8.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The Agency is currently upgrading its information system, Staff Plan, to ensure that all reviews/supervision/training/incidents and feedback are recorded in one point for both staff and service users in order to facilitate the monitoring of trends and patterns relating to incidents, accidents, complaints and Safe Guarding issues particularly detailing actions taken, by whom and there outcomes. This will include a system detailing staff supervision (annual/interim performance reviews and unannounced spot checks). These reviews will have specific areas for discussion that will have arisen from the Agency's monitoring of trends and in specific staff cases issues relating to their performance. Similarly a system will be devised to detail formal service user visits.</p> <p>The registered person shall ensure that as employers of social care workers they adhere to the standards set out in the Northern Ireland Social Care Council (NISCC) Code of Practice for Employers of Social Care Workers, support staff in meeting their relevant codes of practice and take appropriate action when staff do not meet expected standards of conduct.</p> <p>This relates specifically to ensuring that staff are appropriately registered with NISCC and that a robust system is put in place for the agency to ensure ongoing compliance.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All deficiencies identified at the time of inspection in relation to NISCC Registratoin have been corrected/concluded with the exception of one member of staff who has not worked for some time and will not be allowed to work until their registration is completed. Extensive training has already taken place in relation to developing staff awareness of NISCC Standards and Responsibilities. The Agency is arranging with NISCC training and will attend selected staff meetings to develop staff awarness.</p>

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