

# Unannounced Domiciliary Care Agency Inspection Report 11 August 2016



## Spa Homecare

Domicillary Care Agency – Conventional  
77 Grove Road, Ballynahinch, BT24 8PW  
Tel No: 02897561898  
Inspector: Amanda Jackson

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Spa Homecare took place on 11 August 2016 from 09:30 to 16:30 hours.

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. Staff recruitment sign off by the registered person/manager requires review in accordance with Regulation 13 and Schedule 3(10). Staff induction records reviewed verified processes compliant with agency policies and included mandatory training and shadowing processes. Staff had not received all mandatory training updates in the areas of safeguarding and this matter was discussed during inspection for review. Immediate attention to this training was confirmed post inspection. The process of staff supervision and appraisal taking place was confirmed during inspection. 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. Service user quality monitoring has been restated for review in accordance with regulation 14(b)

Two areas for quality improvement were identified during this inspection.

### **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 service user quality monitoring have not been implemented consistently in line with regulations and standards to provide continuous review of services in conjunction with service users and their representatives.

One area for quality improvement was identified during this inspection.

### **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 regarding consistent service user quality monitoring.

### **Is the service well led?**

On the day of the inspection the agency was not found to be well led in all areas of service provision as previously detailed. 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 during this inspection.

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

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Jocelyn Leyson-Bagood, registered manager and the agency co-ordinators as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent care inspection

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

### 2.0 Service details

<b>Registered organisation / registered provider:</b> Spa Nursing Homes Ltd/Mr Christopher Philip Arnold	<b>Registered manager:</b> Ms Jocelyn Leyson-Bagood
<b>Person in charge of the agency at the time of inspection:</b> Ms Jocelyn Leyson-Bagood	<b>Date manager registered:</b> 11 April 2014

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency

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

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

As part of the inspection the inspector spoke with four service users and two relatives, by telephone on 10 August 2016 or in person on 11 August 2016 to obtain their views of the service. The service users interviewed informed the inspector that they received assistance with the following:

- Personal care
- Meals
- Cleaning
- Shopping

On the day of inspection the inspector met with three care staff to discuss their views regarding care and support 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. Seven staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Staff supervision policy
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- 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
- Three service users home recording records
- Three monthly monitoring reports completed by the registered provider
- Recruitment policy and procedure

- Three recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Three recently recruited staff members induction and training records
- Training and development policy and procedure
- Three staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Management, control and monitoring of the agency policy and procedure
- Quality assurance policy
- Record keeping and confidentiality policy
- Reportable practices policy
- Completion of care records policy
- The agency's service user guide/agreement
- The agency's statement of purpose
- 2016 Annual quality report
- Two staff meeting minutes
- Three communication records to trust professionals/keyworkers regarding changes to service users care
- Record keeping and confidentiality policy and procedure
- Confidentiality staff declaration
- Complaints policy and procedure
- Policy on reporting of accident/incidents

#### **4.0 The inspection**

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 27 October 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 27 October 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 16(4)  <b>Stated:</b> Second time	The registered person shall ensure that each employee receives appropriate supervision.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency supervision policy dated January 2014 outline procedures for staff quality monitoring, supervision and appraisal.  Review of three staff records for 2015-16 were found to be compliant with spot/quality monitoring, supervision and appraisals.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 21(1)  <b>Stated:</b> First time	The registered person shall ensure that the records specified in Schedule 4 are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a range of records during the inspection day relating to Regulation 21(1) were reviewed as compliant.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 16(2)(a)  <b>Stated:</b> Second time	The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency supervision policy dated January 2014 outline procedures for staff quality monitoring, supervision and appraisal.  Review of three staff records for 2015-16 were found to be compliant with staff training and appraisals.	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 15(2)(c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure the written plan is prepared which shall-</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three new service user records and three long term service user records confirmed compliance with Regulation 15(2)(c)</p>	<p><b>Partially Met</b></p>	
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 14(b)</p> <p><b>Stated:</b> First time</p>		<p>When the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to safeguard the service users against abuse or neglect:</p> <p>This requirement refers but is not limited to the arrangements in place to ensure that service users receive their service in accordance with the timescales outlined in their care records.</p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussions with service users and relatives prior to and during the inspection day did not highlight any concerns regarding delivery of the service.</p> <p>Review of three long term service user files confirmed quality monitoring was not in line with the agency 'Quality assurance' policy timeframes of twice annually however service users had received an annual review with the agency and care manager in 2016 with no matters of concern highlighted.</p> <p>Review of five service user home records detailed staff attended calls at the agreed times.</p>		

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> First time	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.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three monthly monitoring reports for March, April and May 2016 were reviewed as partially complaint with Standard 8.11. Reports did not support contact being made with care staff during quality monitoring and the April and May reports under the area of training did not highlight that all staff were due update training in the area of safeguarding. The monthly quality monitoring does not make any reference to the agency partial compliance with service user quality monitoring in line with the agency policy as referenced under requirement five findings above. All matters were discussed with the co-ordinators and registered manager during inspection.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 9.5 <b>Stated:</b> Second time	Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A range of policies were reviewed during the inspection day and have been updated in line with Standard 9.5.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	Staff from the agency attend review meetings or contribute by submitting a written report prior to the meeting.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three long term service user files evidenced staff attendance at trust reviews.	

### 4.3 Is care safe?

The agency currently provides services to 53 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 compliant with related regulations and standards.

Three files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had not been obtained as required. A statement by the registered person/manager was not stated within the records reviewed and a requirement has been made in this regard. An induction programme had been completed with each staff member. The agency does not currently incorporate elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process despite most staff having registration with NISCC. The inspector recommended full implementation of the NISCC induction standards from March 2017 onwards given that all staff are required to be registered by this date and therefore required to follow the NISCC code of conduct. None of the care staff interviewed during the inspection day had commenced employment within the previous year in order for the inspector to discuss the recruitment and induction training processes in line with the agency procedures and records.

The inspector was advised by all of the service users and family interviewed that there were no concerns regarding the safety of care being provided by Spa homecare. New care workers are introduced to the service user by a regular member of staff; normally during staff induction and shadowing, this was felt to be important both in terms of staff knowledge and understanding of service users care and support needs.

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:

- “Mornings are difficult for me to manage and the staff are great”.
- “No complaints”.
- “Staff go the extra mile and always ask if there is anything additional they can do before leaving”

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 requires updating in line 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 manager provided assurances the policy would be updated accordingly. The agency’s whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme in line with the agency training plan. 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 and support needs. Discussion took place regarding update training for staff in the areas of service users’ monies were appropriate and assurances provided by the registered manager to review this. Training is facilitated within the agency and through external trainers. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered.

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

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

A review of safeguarding documentation did not take place during inspection as no matters had arisen. Discussion with the registered manager and co-ordinators presented appropriate knowledge in accordance with the regional safeguarding protocols and the agency policies and procedures.

Each of the three 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 service user files confirmed that the agency management had carried out review meetings with service users/representatives and the trust were appropriate to ensure service user needs were being met. The manager and co-ordinators confirmed that the agency implement their own quality monitoring process. This was confirmed during review of three long standing service user records but was not found to be compliant with the agency policy timeframes of twice annually; a requirement has been restated in the follow up section of this report. The registered manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the inspector, 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.

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

### Areas for improvement

Two areas for improvement were identified during the inspection. The agency is required to ensure staff recruitment in accordance with Regulation 13 and schedule 3 regarding registered person/registered manager statement regarding staff fitness to practice. Service user quality monitoring has been restated for review in accordance with the agency's policies and procedures and in line with Regulation 14(b).

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

The inspector was informed by the service users interviewed that there were no concerns regarding care being rushed. No reports of missed calls were reported to the inspector.

Service users reported no concerns regarding communication between themselves and the agency care staff and office/management staff. They confirmed that management from the agency visits their homes at varying intervals or contact them via phone, however only two people spoken with were able to confirm receipt of a paper questionnaire from the agency. This process was confirmed during the inspector review of the annual quality review process. One of the service users interviewed by the inspector was able to confirm that they are involved in trust reviews regarding their support package. The inspector reviewed evidence of annual trust reviews within three service user records reviewed during inspection.

Service users confirmed that all care staff are aware of the care and support required with new staff introduced to service users by a regular staff member.

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

- “Staff are very competent”
- “Staff do all that is required”

The inspector reviewed five of the agency’s service user home records during the inspection and all records were found to be current and up to date.

The agency’s record keeping and confidentiality policy had been revised in 2014. The agency maintained recording templates in each service user’s home file on which care workers recorded their visits. The inspector reviewed five completed records returned from service user’s homes, and during service user visits at inspection which confirmed appropriate procedures in place.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager or co-ordinators if any changes to service users’ needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by their co-ordinators to ensure effective service delivery.

The registered manager and co-ordinators confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with three staff during the inspection supported review of this topic as necessary. Minutes of staff meetings reviewed during inspection evidenced discussions with staff on various topics appropriate to the time.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included risk assessment information. The registered manager confirmed an agency risk assessment is completed during initial service visits and these were reviewed during inspection. 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. Dates for service user agreements being issued were found to be compliant with standard 4.1 timeframes.

Service user records did not evidence that the agency carried out quality reviews with service users however details of staff quality monitoring reflected reviews taking place within service user’s homes. A requirement from the report follow up section has restated in this regard. Annual questionnaires are issued to service users to obtain feedback on services provided, a sample of the questionnaire for 2016 were evident during inspection for review. Return of the annual quality report post inspection evidenced an appropriate annual quality review process is in place. 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 maintains a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency had completed their annual quality review report for 2016, with a summary report of findings and improvements planned. The registered manager and co-ordinators confirmed the summary report is made available to all service users, evidence of this process is recommended to be maintained in the future. The registered manager confirmed that feedback from the annual quality review process is shared with staff post completion and again evidence of such information sharing is recommended to be captured in the future.

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.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

**Areas for improvement**

One area for improvement was identified during the inspection as stated above under ‘Is care safe’ and relates to service user quality monitoring.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.5 Is care compassionate?

All of the service users and relatives interviewed by the inspector 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 an ongoing basis to ensure satisfaction with the care that has been provided by Spa Homecare. The process of service user quality monitoring was not reviewed as consistent and has been required for review. Examples of some of the comments made by service users or their relatives are listed below:

- “I love the staff coming in, they are like family to me.”
- “My XXX speaks fondly of the carers.”
- “Staff are excellent, I have the same staff ongoing.”

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. A confidentiality clause is signed by staff at induction and was reviewed within staff files during inspection.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care

The agency implement service user quality monitoring practices on a bi-annual basis through home visits. Records reviewed during inspection did not support quality monitoring in compliance with the agency timeframes; a requirement has been restated under the follow up section of the report. Quality monitoring from service user visits alongside monthly registered person contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members.

### Areas for improvement

One area for improvement (previously stated under the above sections) was identified during the inspection regarding service user quality monitoring on a consistent basis in line with the agency policy timeframes and consistent application of annual quality review processes.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 manager Mrs Jocelyn Leyson-Bagood the agency provide domiciliary care to 53 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.

The policy and procedure manual was reviewed and contents discussed with the registered 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 people interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with no complaints recorded. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No reportable incidents had occurred since the previous inspection.

The inspector reviewed the monthly monitoring reports for March, April and May 2016. These reports evidenced that the agency registered person and manager had been monitoring the quality of service provided in accordance with minimum standards.

The three care workers interviewed indicated that they felt supported by senior staff who were described as always available for discussions during office hours and via telephone during out of hours. Co-ordinators were described as very supportive. 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 and this was also reflected in staff questionnaires returned to RQIA.

Ongoing communications via phone 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 and has been restated within the follow up section of the report. The agency are recommended to ensure monthly quality monitoring by the registered provider includes feedback from care staff, review of staff training and service user quality monitoring to ensure compliance with agency policies and timeframes.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jocelyn Leyson-Bagood and the agency co-ordinators as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the (Insert Service Type). 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the 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, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect from the date of inspection</p>	<p>When the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to safeguard the service users against abuse or neglect:</p> <p>This requirement refers to service user quality monitoring in accordance with agency policy timeframes.</p> <p><b>Response by registered provider detailing the actions taken:</b>                      .A template has been devised for future visits and any spot checks which have been doubled up as a visit will be recorded.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13(d) and Schedule 3(10)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect from the date of inspection.</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in schedule 3.</p> <p>Schedule 3 - 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 which he is to perform.</p> <p><b>Response by registered provider detailing the actions taken:</b>                      HR have altered health declaration form to include a statement by the registered provider.</p>

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.11</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 11 September 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.</p> <p>This recommendation refers to involvement of staff in monthly monitoring, review of staff training compliance and service user quality monitoring compliance with agency policy timeframes.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> All staff will be included in monthly monitoring going forward. Staff training to be included in the monthly monitoring as well as compliance of service users quality monitoring.</p>

***\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****



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