

Unannounced Care Inspection Report 25 September 2017



PCG St Paul's Court

Domiciliary Care Agency
Admin Building, Ballinderry Road, Lisburn, BT28 1TX
Tel No: 028 9264 1819
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

St Paul's Court is a supported living type domiciliary care agency located in Lisburn. The agency's aim is to provide care and support to meet the individual assessed needs of people with mild to moderate dementia. Service users reside in individual bungalows and flats within a shared apartment complex. Under the direction of the registered manager, staff are available to provide care and support to service users 24 hours a day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Rachel Ruth Smith
Person in charge at the time of inspection: Rachel Ruth Smith	Date manager registered: 17 February 2017

4.0 Inspection summary

An unannounced inspection took place on 25 September 2017 from 10.00 to 15.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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 recruitment, staff supervision and appraisal, quality monitoring processes and engagement with service users and Health and Social Care Trust (HSCT) representatives.

Areas for improvement were identified in relation to the agency's recruitment policy.

Comments made by service users during the inspection and from completed questionnaires are included within 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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Rachel Smith, registered manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 16 August 2016

In accordance with RQIA's Enforcement Policy and Procedures, a meeting was held at RQIA offices on 19 August 2016 to discuss RQIA's intention to issue two Failure to Comply notices to the agency in respect of non-compliance with: Regulation 13, Regulation 16 (5) (a) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 as identified during the 16 August 2016 inspection.

At this meeting the responsible person provided a full account of the actions taken to date and those that would be taken to ensure the improvements necessary to achieve full compliance with the regulations identified. RQIA considered the matter and did not serve failure to comply notices in regard to the above regulations. RQIA were assured that the agency had plans in place to achieve compliance.

5.0 How we inspect

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

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

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the registered manager, two service users and two staff members.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy

- Induction Policy
- Supervision Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Complaints Policy
- Information Governance and Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisations’ Human Resources (HR) department to review the agency’s staff recruitment records; details of the findings are included within the report.

During the inspection the inspector provided questionnaires for completion by staff and service users; six service user and five staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 August 2016

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 16 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 Stated: First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform;	Met

	<p>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p>	
<p>Area for Improvement 2 Ref: Regulation 16 (5) (a) Stated: First time</p>	<p>Action taken as confirmed during the inspection: The inspector viewed verification records received from another domiciliary care agency providing staff to the agency. The records detail experience and qualifications of the staff member, Access NI number, Northern Ireland Social Care Council (NISCC) registration number and training completed.</p>	Met
<p>Action taken as confirmed during the inspection: The inspector viewed that induction records for one staff member provided from another domiciliary care agency and noted that it details that a minimum of three days induction had been provided prior to supply by the agency.</p>		
<p>Area for Improvement 3 Ref: Regulation 21 (1) Schedule 4 (5) (6) Stated: First time To be completed by: 15 September 2016.</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (a) kept up to date, in good order and in a secure manner; (b) retained for a period of not less than eight years beginning on the date of the last entry; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p>	Met
<p>Action taken as confirmed during the inspection: The inspector noted that the agency retains copies of the monthly quality monitoring reports; they were viewed by the inspector.</p>		

<p>Area for Improvement 4</p> <p>Ref: Regulation 23. (1) (2) (4)</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2016.</p>	<p>23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a)arranges the provision of good quality services for service users;</p> <p>(b)takes the views of service users and their representatives into account in deciding—</p> <p>(i)what services to offer to them, and</p> <p>(ii)the manner in which such services are to be provided; and</p> <p>(c)has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority. (4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>This requirement relates to the monitoring of the supply of staff and the required records to be monitored. The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority. The report will be supplied to the RQIA monthly until further notice.</p>	<p>Met</p>
--	---	-------------------

	<p>Action taken as confirmed during the inspection: Monthly quality monitoring reports were provided to RQIA as required. The agency is no longer required to forward a copy to RQIA.</p>	
--	---	--

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

The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. Prior to the inspection the inspector visited the organisation's HR department and reviewed a number of individual staff personnel records; records viewed included details of the recruitment processes and evidence of pre-employment checks completed. Documentation viewed and discussions with HR personnel during the visit indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's recruitment policy was noted to detail the process for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; however the inspector noted that the policy was required to be reviewed and updated in line with timescales for review as outlined within the minimum standards.

Staff records held at the agency's office were noted to be well organised and containing a range of relevant information.

The agency's induction policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; it was noted that staff are required to complete corporate induction and an induction workbook during the initial induction period. Staff described how they were required to shadow other staff employed by the agency during their induction programme.

The inspector viewed the records of one staff member who is currently completing their induction; it was identified that a record of the induction programme provided to staff is retained by the agency. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

It was identified from discussions with the registered manager that relief staff are accessed from a number of registered domiciliary care agencies; they described the process for ensuring that any staff provided at short notice have the skills to fulfil the requirements of the job role. The inspector viewed a staff profiles for relief staff and noted that they contained information in

relation to the individuals training, experience, induction and the status and expiry date of registration with the NISCC.

Discussions with the registered manager and staff indicated 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 inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager. Staff and service users who spoke to the inspector felt that there is enough staff to meet the assessed needs of individuals.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The agency provides staff with a supervision contract and maintains a record of staff supervision and appraisal; records viewed by the inspector indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures. Staff could describe the benefits of supervision and appraisal. It was noted that the agency maintains a supervision matrix detailing when supervision is planned and completed.

The inspector viewed the agency's electronic system for recording staff training; the registered manager could describe the process for identifying training needs. It was identified that staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Staff were aware of their responsibility for ensuring that required training updates are completed. It was noted that the agency records compliance levels in relation to training completed; this information is reviewed by the person completing the agency's monthly quality monitoring visit.

Staff spoke positively of how their induction and training programmes had equipped them with the required knowledge and skills for their job roles; they could describe the process for requesting additional training if required and stated that they felt supported in their job roles.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The registered manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation's updated policy and procedures reflect information contained within the regional policy. The policy and procedures outline the procedure for staff in relation to reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility in relation to adult safeguarding.

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding matters and the procedure for reporting concerns. It was identified from discussions with the registered manager and training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition a two yearly update. The manager stated that service users were provided with information in relation to adult safeguarding and keeping themselves safe.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. It was noted that the agency retains details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the registered manager indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of

abuse. It was noted that the agency has a pro forma for recording the outcome of any investigation.

The agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety were assessed during the inspection. It was noted that the agency's risk management policy outlines the process for assessing and reviewing risk.

The inspector viewed risk assessments records held in relation to agreed restrictive practices in place; it was identified that these were reviewed and updated regularly.

The inspector noted that the agency receives a range of information and assessments relating to service users prior to them receiving care and support. Service users are supported to participate in the development of their individualised care and support plans and in an annual review involving their HSCT keyworker. It was identified from discussions with staff and records viewed that care and support plans are reviewed as required; staff record daily the care and support provided to service users and develop a monthly review report.

The agency's registered premises are located in a separate building situated adjacent to the service users' accommodation; the office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

Six service user and five staff questionnaires were returned to RQIA; responses received indicated that both service users and staff were satisfied that care provided is safe.

Comments received during inspection.

Service users' comments

- 'My staff are excellent, they are wonderful.'
- 'I feel perfectly safe; the staff do a good job.'
- 'I feel safe.'
- 'This place is great; I am really happy living here.'
- 'I moved here as I needed more help; the staff are wonderful.'
- 'Staff cannot do enough for me; always willing to help.'

Staff comments

- 'Staff are trained fully and under supervision.'
- 'Training is very good; I get supervision and appraisal.'
- 'Service users are always safe; there is always staff on duty.'
- 'I would report safeguarding concerns to the manager.'
- 'I love it here; it's like a breath of fresh air.'
- 'We have enough staff; we have time to care for service users.'
- 'I feel the service users are 100% safe; staff watch and are observant of changes in needs.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's staff recruitment processes, supervision and appraisal, and adult safeguarding.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency’s recruitment policy.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The inspector reviewed the agency’s arrangements for appropriately responding to and meeting the assessed needs of service users. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Handbook.

The agency’s information governance and data protection policy outlines the processes for the creation, storage, retention and disposal of records. Records viewed both prior to and during the inspection indicated that they were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff personnel records viewed at the organisation’s head office prior to the inspection were retained in an organised manner; records held in the agency’s office were noted to be organised and retained securely. It was identified that staff receive training relating to record keeping during their induction programme.

Staff could describe the methods used for supporting service users and were appropriate their relatives to be effectively engaged in the care planning process. Service users could describe how staff support them to be involved in the development of their individual care plans. Service users are provided with a copy of their care and support plans. It was noted that some service users require the support of their relative to engage in the process.

The inspector reviewed the agency’s arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. There is a system for completing monthly quality monitoring visits; it was noted that the process seeks to obtain feedback from service users and relevant stakeholders in relation to the quality of care and support provided.

The inspector viewed the records of monthly quality monitoring visits completed and the comprehensive action plans developed; records viewed indicated that the process is effective in identifying areas for improvement. Documentation viewed was noted to include comments made by service users, and where appropriate their representatives. The record included details of the review of accidents, incidents or safeguarding referrals, restrictive practices, complaints, medication, care plans and staffing arrangements.

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with the registered manager, staff and service users, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately and respectfully with service users. The inspector observed a number of service users being support to attend an activity of their choice. Staff who spoke to the inspector were knowledgeable about the individual needs and preferences of service users.

The agency facilitates bi-monthly service user and monthly staff meetings. It was identified that a range of items are discussed at each meeting, they include recruitment, service user issues, policies and procedures and adult protection; it was noted that minutes are recorded. It was identified that the agency facilitates a daily meeting for staff to discuss concerns and needs of service users. It was noted that the comments made by service users had been recorded in the minutes of the service user meetings. The inspector viewed minutes of a recent carers meeting facilitated by the agency.

The registered manager could describe the processes in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders. The inspector viewed evidence of ongoing engagement between the agency's staff and HSCT representatives.

Six service user and five staff questionnaires were returned to RQIA; responses received indicated that both service users and staff were satisfied that care provided is effective.

Comments received during inspection.

Service users' comments

- 'I could say a bad word about anything; the staff are great.'
- 'I love it here; I am very happy.'
- 'Staff help me with washing and cooking; I leave it all ready for them.'
- 'I can do all my own cleaning.'

Staff comments

- 'Service users are priority they are provided with a great service; promotion of independence is key.'
- 'I love working here; staff are very good at looking after the tenants.'
- 'We get a brief handover and then have a daily meeting each day.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to record keeping, auditing arrangements and effective communication with service users, relatives and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified 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 agency's ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive was assessed during the inspection.

It was noted that staff receive training in relation to confidentiality during their induction programme. Discussions with service users and staff, and observations of staff and service user interactions made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture of the organisation. Service users could describe the processes used by staff to effectively engaged them in decisions about the care and support they receive. Service users stated that they can make their own decisions and indicated that staff are respectful of their views and opinions.

It was identified due to the nature of the accommodation that care is provided in an individualised manner. Staff could describe the procedures in place for effectively supporting service users to make informed choices.

From discussions with service users, staff and information viewed it was identified that the agency has a range of systems in place to record comments made by service users and were appropriate their representatives. Records of service user care review meetings and reports of quality monitoring visits indicated that the agency endeavours to engage with service users and where appropriate their representatives.

The agency has systems in place to promote effective engagement with service users and for responding to the comments made by them; they include the agency's quality monitoring process; annual stakeholder survey; complaints process; annual care review meetings and service user meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The registered manager stated that the agency can provide information in an alternative format if required to support service users to be effectively engaged in decisions about their care.

Six service user and five staff questionnaires were returned to RQIA; responses received indicated that both service users and staff were satisfied that care provided is compassionate.

Comments received during the inspection process.

Service users' comments

- 'Compassionate, always and forever.'
- 'If I need staff I can give them a ring'
- 'I love it here.'
- 'I can do what I want.'
- 'If I need anything I speak to the staff; they are very good.'

Staff comments

- ‘Service users have choice; they can go to the activities that are organised.’
- ‘Activities as planned based on the preferences of service users.’
- ‘Staff really care; very person centred the service users come first.’
- ‘Care is very individualised to meet the routines of the service users.’

Areas of good practice

There were examples of good practice identified in relation to the agency’s processes for engaging with service users and relevant stakeholders and in endeavouring to provide care and support in an individualised manner.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 agency has implemented systems of management and governance to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis by a registered manager and a number of team leaders. Staff could describe the procedure for obtaining support and guidance from senior management within the organisation if required. It was good to note that staff described the recent change in the management arrangements positively and stated that the change in manager had benefited staff and service users.

The agency has a range of policies and procedures noted to be in accordance with those required within the minimum standards. It was identified that the agency’s policies are retained in an electronic format which staff can access; however, it was noted that a range of key policies are also available for staff in a paper format. Prior to and during the inspection the inspector viewed a number of the organisation’s policies; it was identified the recruitment policy is required to be reviewed and update in accordance with timescales for review as outlined within the minimum standards.

The inspector reviewed the agency’s procedures in place for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users; this included the review of risk assessments and care plans for individual service users. It was noted from records viewed and discussions with the registered manager that the agency’s governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the registered manager and staff indicated that they had a clear understanding of the actions required in the event of a complaint being received. Staff stated that they receive training in relation to managing complaints during their induction programme. Service users indicated that they are encouraged speak to staff in relation to concerns they have and knew who to speak to if they had a complaint or concern.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received a number of complaints since the previous inspection. Records viewed and discussions with the registered manager indicated that the agency had acted in accordance with the organisational policy and procedures. The inspector identified from records viewed that the agency keeps a detailed record of the outcome of the investigation of individual complaints and a copy of the outcome correspondence provided to the complainant.

It was identified from records viewed and discussions with the registered manager during the inspection that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the continual monitoring of staffing arrangements, incidents, accidents safeguarding referrals and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal. Staff could describe the benefits of the ongoing review of the quality of the service provided and of identifying areas for improvement.

The organisational and management structure of the agency is outlined in the Statement of Purpose and service user handbook. Staff had a clear understanding of their individual job roles; it was identified that staff are provided with a job description at the commencement of their employment for the organisation. Staff stated that they are provided with a brief handover at the commencement of each shift and in addition have a daily meeting to discuss the needs of the service users and that tasks required to be completed. Staff demonstrated that they had an understanding of the procedure for raising concerns and had knowledge of the agency's whistleblowing policy.

Staff who met with the inspector stated that the manager and team leaders are supportive and approachable and could describe the process for obtaining additional support if required. Service users were aware of staff roles and knew how to get help or advice from staff.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

The agency's staff are required to be registered with the NISCC or other appropriate regulatory body; the registered manager stated that a record is maintained by the agency's HR department and a copy retained by the agency which records registration details and expiry dates. It was identified that registration status is discussed with staff at supervision and that staff are alerted when they are due to renew their registration. Discussions with HR personnel and the registered manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered. It was noted that staff had been informed at a recent staff meeting of the consequences of not maintaining their registration with NISCC would result in them being unable to work.

Since the previous care inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

Six service user and five staff questionnaires were returned to RQIA; responses received indicated that both service users and staff were satisfied that the service is well led.

Comments received during inspection.

Service users' comments

- 'I don't have anything bad to say about here.'
- 'There is no place like it and I am well aware.'
- 'Staff are great, from the top management down.'

Staff comments

- 'Due to new management the service is the best it has ever been.'
- 'I feel listened to.'
- 'We have a strong staff team; we help each other.'
- 'We have staff meetings; we can discuss our concerns.'
- 'New manager brought changes for the better.'
- 'The seniors are approachable.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements and monitoring of staff registration with regulatory bodies and management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rachel Smith, registered 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 Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 9.5 Stated: First time To be completed by: 23 December 2017	The registered person shall ensure that Policies and procedures are subject to a systematic 3 yearly review, and that the registered person ratifies any revision to or the introduction of new policies and procedures. Ref: 6.4
	Response by registered person detailing the actions taken: Recruitment policy has been updated on 8/11/17. Praxis Care ensures all policies and procedures are subject to a systematic 3 yearly review and these are ratified by the registered person.

**Please ensure this document is completed in full and returned via Web Portal*



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care