

# Announced Care Inspection Report 4 June 2018



## Mid and East Antrim Domiciliary Care Services

**Type of Service: Domiciliary Care Agency**  
**Address: 163 Rathkyle, Stiles, Antrim, BT41 1LW**  
**Tel No: 02894428321**  
**Inspector: Joanne Faulkner**  
**User Consultation Officer (UCO): Clair McConnell**

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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 supported living type domiciliary care agency located in Antrim. The agency's aim is to provide care and support to meet the individual assessed needs of service users. Under the direction of the acting manager, staff are available to provide care and support to service users 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

<b>Organisation/Registered Provider:</b> Praxis Care Group/Mr Andrew Mayhew	<b>Registered Manager:</b> Emma McLaughlin (acting)
<b>Person in charge at the time of inspection:</b> Emma McLaughlin (acting)	<b>Date manager registered:</b> Registration Pending

### 4.0 Inspection summary

An announced inspection took place on 4 June 2018 from 10.00 to 16.00.

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:

- Communication with service users and relevant stakeholders;
- Staff induction and training;
- Quality monitoring systems;
- Governance arrangements;
- Provision of care in a person centred manner;
- Service user involvement.

One area requiring improvement was identified in relation to Regulation 13 (d) Schedule 3 and the information retained by the agency relating to domiciliary care workers.

The comments of service users have been 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.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Emma McLaughlin, 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 30 October 2017**

No further actions were required to be taken following the most recent inspection on 30 October 2017.

#### **5.0 How we inspect**

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

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

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

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

During the inspection the inspector met with the manager, one service user and two staff.

As part of the inspection the UCO spoke with four service users to obtain their views of the service being provided by the agency. The UCO also observed interactions between staff and the service users and visited some of the shared areas within the service users' homes.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy

- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Questionnaires were provided during the inspection for completion by service users and /or relatives; no questionnaires were returned to RQIA.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; one staff member responded. Responses received indicated that the staff member was satisfied that safe, effective, compassionate care was provided and undecided if the service was well led.

### **Comments received from staff survey**

Comments made on the staff survey in relation to staffing arrangements and provision of support was discussed with the assistant manager prior to the issuing of the report. The assistant manager provided assurances that the number of staff provided is consistently above the required minimum to meet the assessed needs of the service users. The assistant manager stated that staffing arrangements are monitored monthly by the agency's Head of Operations and also forms part of the agency's quality monitoring process. The assistant manager stated that there is at all times adequate staff to meet the assessed needs of service users. The assistant manager stated that comments made in relation to the support provided to service users would be discussed with staff in the forum of the staff meeting and a record retained.

Additional feedback received by the inspector and the UCO during the course of the inspection is reflected throughout this report.

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 30 October 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 30 October 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 agency's processes in place to avoid and prevent harm to service users was reviewed; it included a review of staffing arrangements within the agency.

The agency's recruitment and selection policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is co-ordinated by the organisation's Human Resources (HR) department and involves input from the manager. The manager stated that confirmation is received that all required checks have been satisfactorily completed prior to the person being employed. The manager provided assurance that staff are not provided for work prior to the completion of pre-employment checks.

It was identified that the agency does not currently have in place a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13 (d) Schedule 3. An area for improvement was identified.

The agency's induction policy details the induction programme provided to staff; it was noted that it was in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to complete initial induction during the first five days of employment and to shadow other staff employed by the agency. In addition staff are required to complete a comprehensive induction workbook. The expectation is that the agency's full induction programme is completed within the initial six months of employment. Staff could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency during their induction programme.

Records of staff induction retained by the agency were viewed; they included details of the information provided to staff during their induction period. Discussions with staff indicated that they had the knowledge and skills to fulfil the requirements of their job roles.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the job roles. The inspector viewed the profiles for two staff who currently provide relief cover and noted that they contained information in relation to the individuals pre-employment checks, training, experience, induction and registration status with the Northern Ireland Social Care Council (NISCC). The inspector discussed with the manager the rationale for requesting that staff profiles provided include expiry dates of NISCC registration and details of when training is required to be updated.

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. It was identified that the agency currently has three staff vacancies and that additional staff are accessed from another registered domiciliary care agency. The inspector viewed the agency's staff rota information both in a paper format and electronically and noted it reflected staffing levels as described by the manager.

The agency retains details of staff registration status and expiry dates with NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that the registration status of staff is monitored monthly both by them and the organisation's HR department. Discussions with the manager provided assurances that staff will not be supplied for work if they are not appropriately registered.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. Staff are provided with a supervision agreement and a record of supervision and appraisal are maintained. It was noted from records viewed that a number of standard areas are discussed at all supervision meetings. Individual records of three staff viewed, indicated that they had received supervision and appraisal in accordance with the agency's policies. It was identified that staff participate in developing individual training and development plans on an annual basis.

The agency has an electronic system for recording staff training; the manager and staff could describe the process for identifying training needs and for ensuring that training updates are completed. The inspector noted that staff were required to complete required mandatory training in a number of areas and a range of training specific to the individual needs of service users. It was positive to note that staff had recently completed training in General Data Protection Regulation (GDPR) legislation.

The inspector viewed that the agency's staff training matrix; it indicated that staff had completed relevant mandatory training. The manager described the system in place for monitoring the training completed by staff on a monthly basis. Staff indicated that their training was good and that they felt it had equipped them with the appropriate knowledge and skills for their role.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC); the policy outlines their roles and key areas of responsibility.

Discussions with staff indicated that they had an understanding of the process for reporting adult safeguarding concerns. It was identified that staff are required to complete classroom based safeguarding training during their induction programme and two yearly updates thereafter. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

It was noted that service users had been provided with information in relation to adult protection. Service users who spoke to the inspector could describe what to do if they had concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. Discussions with the manager and records viewed evidenced that the agency has a process for recording and retaining details of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency had made no referrals in relation to adult safeguarding since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety.

Service users are supported to participate in an annual review involving their HSCT keyworker and care plans are reviewed on a monthly basis. The inspector viewed a range of risk assessments in place relating to individual service users. The agency has risk assessments in place for practices deemed to be restrictive; these were noted to be reviewed monthly. It was positive to note that the agency had provided service users with information in relation to GDPR legislation; service users had signed to indicate that they agreed to their information being shared if required.

The agency's office accommodation is located at a separate location to the homes of the service users. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that records were stored securely and that PC's were password protected.

## **Comments received during inspection process.**

### **Service users' comments**

- 'Staff are good.'
- 'If I am worried I can phone the office.'
- 'I would maybe like an extra visit to go out for coffee; I like getting out.'
- 'I am happy with everything.'
- 'I feel safe; I get a taxi if I am out late at night.'

### **Staff comments**

- 'I got induction and the training is good.'
- 'I feel supported in my job; I get supervision and it is good.'
- 'Service users are supported to be independent.'
- 'I think service users are safe; they get choice.'
- 'I love this job, the support is good and I have so much to learn.'
- 'We try to empower service users and remind them of safety issues.'
- 'I got training before I started; it is the best thing about this job.'
- 'Supervision is good; I can ask questions.'

The UCO was advised by the service users that, although the staffing team has changed over time; they have developed a good rapport with the staff. Support provided by staff is dependent on the assessed needs of the service users to ensure their safety; examples are, support with the administration of medication, shopping, cooking and management of finances. Service users confirmed that they can ask for additional help if required and appreciated the reassurance of always having staff available.

Service users indicated that they had been allocated a key worker and felt that they can raise concerns if necessary with either their key worker, management of the organisation or their HSCT social worker.

### **Comments made by service:**

- "Perfectly happy living here."
- "Although I would like to be independent, it's reassuring that there is always staff here if I need support."
- "I feel safe living here."

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and adult protection.

## Areas for improvement

One area for improvement was identified during the inspection in relation to information retained for domiciliary care workers.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 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, assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's Information Governance, Records Management and Retention and Disposal policies outline the processes for the creation, storage, retention and disposal of records. It was positive to note the policies had recently been updated to include information in accordance with GDPR legislation. It was identified that all staff receive training relating to record keeping and confidentiality during their induction programme. Staff personnel and service users' records viewed were noted to be retained securely and in an organised manner. The manager stated that staff have recently completed training in relation to record keeping in line with GPDR legislation.

Records viewed during the inspection were noted to be retained in accordance with legislation, standards and the organisational policy. The inspector discussed with the manager the need to ensure that all records required to be available for inspection are accessible in the agency's office.

Staff could describe the processes used for encouraging service users to be engaged in the care planning and review processes. Service users stated that they are supported by staff to be involved in the completion of risk assessments and the development of their care plans. The inspector viewed a range of service user care records; it was noted that staff record daily the care and support provided and that care plans are reviewed monthly.

The agency has systems in place for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The organisation has a system for the completion of monthly quality monitoring visits by the Head of Service and a monthly report is developed.

The inspector viewed the agency's quality monitoring reports; records viewed indicated that the process is effective in identifying areas for improvement and that an action plan is developed. The reports were noted to include comments made by service users and where appropriate their representatives, HSCT representatives and staff. They included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals;

staffing arrangements, care records, medication and financial management arrangements. It was noted that the agency had recently provided questionnaires to service users requesting that they indicate who they wish to identify as their next of kin contact.

### **HSCT representative's comments recorded on quality monitoring reports**

- 'Service continues to be responsive to supporting service users from discharge and to integrate into community.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate effectively and appropriately with service users. One staff member stated that the communication processes were effective for ensuring that all staff were updated appropriately in relation to any changes in the needs of service users'.

The agency's Service User Handbook includes details of advocacy services that service users can access if required.

The manager and staff could describe a range of methods used to develop and maintain effective working relationships with HSCT representatives, where appropriate relatives and other relevant stakeholders.

The agency facilitates monthly service user and staff meetings; service users stated that they are provided with the opportunity to express their views and opinions. It was identified that a range of items are discussed at the meetings they included safety, complaints, record keeping, incidents/accidents, shared areas, mental health awareness and key policies and procedures. It was noted from records viewed that a detailed action plan is developed following the staff meeting. Records of service user meetings included details of decisions made by service users.

### **Comments received during inspection process.**

#### **Service users' comments**

- 'I am doing well.'

#### **Staff comments**

- 'The best thing is the communication; everyone knows what is happening.'
- 'We are encouraged to further develop our skills and training.'
- 'If I am worried I can speak to the senior.'

The UCO was informed by the service users that there is always staff available to provide the necessary care and support to them; however one service user felt that staff spend long periods doing administrative tasks. This was discussed with the assistant manager. It was evident through discussions that service users and staff have developed good relationships and that staff were familiar with the service users and their individual needs.

It was identified that the aim of the service is to encourage service users to be as independent as possible and that appropriate support is provided to meet the assessed needs of each service user. Service users' have an allocated key worker whom they meet with regularly to discuss and review their care and support plan.

It was noted that tenant meetings take place monthly to discuss any concerns and possible group activities. It was noted that service users felt able to voice their opinions at the meetings and can chose not to attend the meetings.

Comments made by the service users:

- “The staff are helping me to build up my independence again.”
- “I like living here.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication and engagement with service users and other relevant key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 effectively in decisions affecting the care and support they receive.

It was identified that staff had received training in relation to equality and confidentiality during their induction programme. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect and choice were embedded in the ethos of the organisation. It was positive to note that the agency has provided information to service users relating to human rights, advocacy and personal safety during service user meetings.

Service user care records viewed by the inspector contained information in relation to the needs, choices and preferences of individual service users.

Staff could describe how they endeavour to provide the care and support in an individualised manner; they discussed a range of methods used for effectively support service users in making informed choices. Service users indicated that they are encouraged and supported to be involved in discussions relating to their care and daily routines and that staff treat them with respect.

It was identified that a range of information can be provided by the agency in an alternative format if required; the inspector viewed a number of these documents during the inspection.

Staff could describe how these documents are used to support service users to effectively engage in decisions about their care.

The inspector discussed arrangements in place relating 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 individual service users in a safe and effective manner.

The agency's Statement of Purpose and Service User Handbook contains information relating to equality. Staff described the ways in which training and development equips them with knowledge and skills to engage with a diverse range of service users.

The agency has an equality policy and an equality impact assessment tool. Discussions with the service users, staff and the manager highlighted evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user choice
- Adult Protection
- Advocacy
- Equity of care and support
- Provision of care in an individualised manner
- Individualised risk assessment
- Disability awareness.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints process; quality monitoring visits; keyworker meetings, care review meetings and service user meetings.

Records viewed and discussions with staff indicated that the agency has systems in place to record comments made by service users and where appropriate their representatives. Records of service user meetings, care review meetings, keyworker meetings and reports of quality monitoring visits indicated processes in place for regular engagement with service users and where appropriate relevant stakeholders.

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.

Observations made and discussions with staff and service users during the inspection indicated that service users are encouraged to make choices regarding their daily routines and activities. Service users stated that they could speak to staff at any time.

### **Service users' comments**

- 'I have choice; I can do what I want.'
- 'I deal with my own monies and I take my own medication.'
- 'Staff go with me shopping.'

### **Staff comments**

- 'I feel supported.'
- 'Service users can talk to us if they have issues.'

- ‘We ask service users about their safety in keyworker sessions; we ask if they feel safe.’
- ‘Service users are aware of how to raise concerns.’
- ‘Service users will tell you what they are not happy with.’
- ‘It is about support and being there for the service users.’
- ‘Service users are encouraged to make their own decisions.’

As part of the inspection, the UCO visited the homes of a number of service users and viewed some of the shared areas. Service users confirmed that decisions regarding the shared areas are decided at the tenant meetings. Service users described how they have been supported to personalise their individual rooms or flats.

Tenant meetings take place monthly, it was noted that they provide service users with the opportunity to raise concerns regarding the service, as well as discuss possible group activities. Service users can choose to attend meetings or group activities. Below are a number of activities that service users have availed off:

- Day trips
- Shopping trips
- Ten pin bowling
- Cinema
- Meals out
- Games night
- Visiting relatives
- Pamper sessions

Comments made by the service users:

- “They help me make good choices.”
- “I’ve had a difficult time recently. The staff have been very understanding and supportive.”
- “The house is nicely decorated. It’s very neutral so it suits everyone.”

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective engagement with service users and other relevant stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 inspection reviewed management and governance systems in place within the agency to meet the needs of service users. The agency is managed on a day to day basis by the manager, an assistant manager and a number of team leaders. Staff could describe the procedure for obtaining support and guidance at all times.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in an electronic format. Staff could describe the process for obtaining access to policies and procedures. Policies viewed were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Documentation viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, safeguarding referrals and incidents notifiable to RQIA. There was evidence of ongoing collaborative working relationships with relevant stakeholders, including HSCT representatives.

The agency's complaints policy details the procedure for managing complaints; staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received training in relation to complaints during their induction programme. Service users knew how to raise concerns and could describe the process for accessing staff at any time. It was noted that records of complaints are retained electronically and that the outcomes are clearly recorded. From records viewed and discussions with the manager it was identified that the agency had managed complaints received since the previous inspection in accordance with their policy and procedures. The manager stated that complaints are audited on a monthly basis as part of the quality monitoring process.

Documentation viewed indicated that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The agency maintains a record of all accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. The inspector noted that incidents are reviewed monthly as part of the agency's quality monitoring process.

The organisational and management structure of the agency is outlined in the Service User Handbook; it details lines of accountability. Discussions with staff indicated that they had a good understanding of the responsibilities of their job roles; service users knew who to talk to if they were worried or had a concern. Staff stated that the manager and senior staff are approachable and could describe the procedure for obtaining support and guidance out of hours.

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

It was identified that the agency's Statement of Purpose was required to be updated to include details of the organisations complaints process and that the Service User Guide needed to

accurately reflect the details of the office. These documents were reviewed and updated following the inspection and copies forwarded to RQIA.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulation and Minimum Standards.

### Comments received during inspection.

#### Service users' comments

- 'Management are good; they are approachable.'

#### Staff comments

- 'I feel listened to.'
- 'I can report any concerns to the manager or senior and they follow things up.'
- 'I feel I can ask questions.'

#### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the provision of policies and procedures, the quality monitoring process and the management of complaints and incidents.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 the person in charge, 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.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail [address info@rqia.org.uk](mailto:info@rqia.org.uk)

## 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (d) Schedule 3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection.	The registered person shall ensure that no domiciliary worker is supplied by an agency unless-  (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b>

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



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