



The Regulation and
Quality Improvement
Authority

Connected Health Domiciliary Care Ltd
RQIA ID: 10954
3B Boucher Business Studios
Glenmachan Place
Belfast
BT12 6HQ

Inspector: Caroline Rix

User Consultation Officer: Clair McConnell

Tel: 02890329777

Inspection ID: IN021745

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**Unannounced Care Inspection
of
Connected Health Domiciliary Care Ltd**

24 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 24 September 2015 from 09.30 to 16.45 hours. RQIA note that on the day of the inspection it was found that improvements in the management of missed or late calls were necessary in order for care to be safe, effective and compassionate. The outcome of the inspection found areas of concern along with areas for improvement set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

In accordance with RQIA's Enforcement Policy and Procedures, a meeting was held at RQIA offices on 14 October 2015 to discuss the breaches in regulations identified during the inspection.

In advance of this meeting, RQIA advised the responsible person in writing of RQIA's intention to issue three failure to comply notices in relation to Regulations 23 (1), 14 (a) and (b) and Regulation 15 (9) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At this meeting, the responsible person and acting manager provided a full account of the actions they have taken and the arrangements they have made and will continue to make to ensure the improvements necessary to achieve full compliance with the required regulations. RQIA considered the information provided at the meeting of 14 October 2015 and decided not to serve failure the comply notices in regard to the above regulations. However, in accordance with Article 40 (1) of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the responsible person is required on a weekly basis to submit to RQIA specific information relating to the quality of service provision. In accordance with Regulation 23 (2) and (3), the responsible person is required to submit to RQIA copies of monthly monitoring of the quality of service provision.

RQIA will continue to monitor the quality of service provided by Connected Health Domiciliary Care Ltd (RQIA ID: 10954) and will carry out an inspection to assess compliance with these regulations.

1.3 Inspection Outcome

	Requirements	Recommendations
Total Number of Requirements and Recommendations Made at this Inspection	8	4

The details of the QIP within this report were discussed with Lesa McCrory, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Connected Health Domiciliary Care Ltd/Douglas Adams	Registered Manager: Acting Manager Lesa McCrory
Person in Charge of the Agency at the Time of Inspection: Acting Manager Lesa McCrory	Date Manager Registered: Not applicable
Number of Service Users in Receipt of a Service on the Day of Inspection: 405	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report

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

- Discussion with the acting manager and the responsible person
- Consultation with one care worker
- Discussion with 'Connected Talent' recruitment agency officer
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and with eight relatives, either in their own home or by telephone, between 18 and 22 September 2015, to obtain their views of the service. The service users interviewed live in the Greater Belfast area and receive assistance with the following: management of medication, personal care and meals.

On the day of inspection the inspector met with one care worker to discuss her views regarding care provided within the agency, staff training and staff's general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the acting manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and to return to RQIA. No staff questionnaires were received following the inspection, which was disappointing.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Two staff meeting agendas and minutes for September 2015
- Four staff records
- Staff duty rota for September 2015
- Monthly monitoring report for July/August 2015
- Service improvement plan regarding Belfast Health and Social Care Trust for September 2015
- Two incidents reportable to RQIA in 2014/2015.

5. The Inspection

Connected Health Domiciliary Care Ltd (formerly Care Circle) is a domiciliary care agency based in Boucher Road, Belfast. A staff team of 133 provides community based domiciliary care services to approximately 405 service users in their own homes. The service is provided to those who are frail elderly, have learning disability and mental health care needs. The services provided include personal care, social support, carer support, palliative care, meals preparation and domestic duties. The provision mainly operates in the locality areas of greater Belfast, Dunmurry, Lisburn and Hillsborough. Service provision is commissioned through the Belfast Health and Social Care Trust, South Eastern Health and Social Care Trust and the Southern Health and Social Care Trust.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 12 September 2014. The completed QIP was returned and approved by the care inspector. However, it was found on the day of inspection that three of the four requirements and two of the four recommendations had not been fully met.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 6	The registered manager is required to update their Service User's Guide with their revised complaints procedure and provide this updated information to all service users. (Restated from 16 May 2013)	Partially Met
	Action taken as confirmed during the inspection: The inspector confirmed that the service users' guide had been updated in May 2015 and included the revised complaints procedure. However, records were not available to confirm that this updated information had been provided to all service users. This requirement has been restated.	
Requirement 2 Ref: Regulation 21 (1)(b)	The registered manager is required to revise the Records Management procedure to ensure that the records specified in Schedule 4 are retained for a period of not less than eight years from the date of last entry.	Not Met
	Action taken as confirmed during the inspection: Records reviewed by the inspector did not confirm that the Records Management procedure had been revised to ensure that the records specified in Schedule 4 are retained for a period of not less than eight years from the date of last entry. This requirement has been restated.	
Requirement 3 Ref: Regulation 13 Schedule 3(2) and (10)	The registered manager is required to expand their Recruitment and Selection of Staff procedure to ensure that information on the domiciliary care workers' next of kin is obtained and includes a statement by the registered manager that the person is physically and mentally fit for work which he is to perform.	Not Met

	<p>Action taken as confirmed during the inspection: The Recruitment and Selection of Staff procedure had not been expanded to ensure that full and satisfactory information had been obtained relating to each domiciliary care worker. A recommendation has been made in relation to this area.</p>	
<p>Requirement 4 Ref: Regulation 13 Schedule 3</p>	<p>The registered manager is required to ensure full information and documents are obtained in respect of all domiciliary care workers.</p> <p>Action taken as confirmed during the inspection: Records viewed did not evidence that full information in respect of all domiciliary care workers had been obtained.</p> <p>This requirement has been restated.</p>	<p>Not Met</p>
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1 Ref: Standard 15.4 &15.6</p>	<p>The registered manager is recommended to update their Complaints procedure to include the contact telephone number for the NI Ombudsman and detail the current role of RQIA in relation to unresolved complaints.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the Complaints procedure dated May 2015 which had been expanded to include the contact telephone number for the NI Ombudsman and detailed the current role of RQIA in relation to unresolved complaints.</p> <p>This recommendation had been made 16 May 2013 and restated 12 September 2014.</p>	<p>Met</p>
<p>Recommendation 2 Ref: Standard 8.17</p>	<p>The registered manager is recommended to complete mandatory update training on each subject area in line with their training and development procedure timeframe.</p> <p>Action taken as confirmed during the inspection: The inspector viewed training records relating to the former registered manager which confirmed mandatory update training had been completed.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 5.2	<p>The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.</p> <p>Action taken as confirmed during the inspection: Records evidenced that, where relevant, service users' care plans had been reviewed. However, records did not confirm that risk assessments relating to the management of restraint had been reviewed.</p> <p>This recommendation has been restated.</p>	Partially Met
Recommendation 4 Ref: Standard 8.14	<p>The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of financial assistance with shopping.</p> <p>Action taken as confirmed during the inspection: Records evidenced that, where relevant, service users care plans had been reviewed. However, records did not confirm that risk assessments relating to the area of financial assistance with shopping had been reviewed.</p> <p>This recommendation has been restated.</p>	

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

The UCO was informed during the home visits that there were mixed results regarding new carers being introduced to the service user by a regular member of staff; it was felt that this would be important both in terms of the service user's security and the carer's knowledge of the required care. A staff member interviewed on the day of inspection confirmed that she is provided with details of care planned for each new service user or when changes to current service users' needs are agreed. The staff member also confirmed that they had been provided with training related to communication skills and dementia awareness which they found very helpful.

Documentation relating to five service users was reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment. The agency's log sheets in the files reviewed were being completed appropriately by the carers; however it was noted that there were some variation in call times and length of calls which was discussed with the acting manager.

Is Care Effective?

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues arise. One relative advised that a complaint had been made regarding the work of one carer and that they were satisfied with the outcome.

The majority of the people interviewed were unable to confirm that questionnaires have been sent out by the agency or that management visits and observation of staff had taken place in their home. Records were not available for review on the day of inspection to confirm that management visits had taken place or direct observation of staff practice had been carried out within service users' homes.

The most recent monthly monitoring report for July/August 2015 was reviewed which contained a summary of working practises that had been reviewed along with information relating to actions taken. This report was brief and did not contain sufficient details regarding quality monitoring feedback from service users, representatives or staff. The monthly monitoring reports for each month were not available for review on the day of inspection. The inspector spoke to the responsible person via telephone on the day of inspection where he stated he had placed complete confidence in the previous manager of the agency. He confirmed that he had not been monitoring the quality of service closely and had not completed monitoring reports. The failure of the responsible person to monitor and evaluate the quality of services provided by the agency had placed service users at risk.

At the meeting held at RQIA offices on 14 October 2015, the responsible person provided a full account of the actions he has taken and the arrangements made and will continue to make to ensure the improvements necessary to achieve full compliance with the required regulation. RQIA considered the information provided at the meeting of 14 October 2015 and decided not to serve failure to comply notices in regard to the above regulations. However, the responsible person is required to submit to RQIA copies of monthly monitoring of the quality of service provision until further notice.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; those interviewed stated they felt this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "It gives me peace of mind to know that someone is calling with my XXX and will contact me if anything is wrong."
- "Couldn't say anything bad about them."
- "Very happy with them; they're good girls."
- "I'm very lucky with the carers I have."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included dementia care and working with service users with limited mobility.

It was concerning to note that the majority of the service users or their representatives interviewed were unable to confirm that management visits have taken place to discuss their care or that they had received a questionnaire from the agency asking for their views on the service. This area was discussed with the acting manager and is to be addressed.

Areas for Improvement

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. Monthly quality monitoring reports are to be completed and forwarded to RQIA until further notice.

Number of Requirements:	2	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

The agency's governance and management arrangements were concerning in light of inadequate quality monitoring by the responsible person and the management arrangements at the time of the inspection. The recent resignation of the registered manager and appointment of an acting manager who does not hold the required qualification to become registered manager with RQIA was of concern. Discussion on the day of inspection with the acting manager indicated that an adequate induction programme had not been provided.

On the day of inspection, information received from the Belfast Health and Social Care Trust indicated that they had identified a major failure by the agency to provide commissioned services to 51 service users in East Belfast during July 2015. Trust staff also reported ongoing concerns due to an increased frequency of missed calls, late calls, and no notification of missed or late calls to them in respect of service users in the North Belfast area. The inspector found no records of quality monitoring visits to service users or supervision records of care staff.

In light of these concerns and in accordance with RQIA's Enforcement Policy and Procedures, a meeting was held at RQIA offices on 14 October to discuss these service failures and breaches in regulations.

At this meeting, the responsible person provided a full account of the actions they have taken and the arrangements made and will continue to make to ensure the improvements necessary to achieve full compliance with the required regulation.

RQIA considered the information provided at this meeting and decided not to serve failure to comply notices in regard to regulation 14 (a) and (b). However, the responsible person is required to submit to RQIA, until further notice, a weekly report of any service user's missed calls and actions taken to address same.

Is Care Effective?

During the inspection the acting manager confirmed that an action plan had been agreed with the BHSCT in relation to a number of missed calls in East Belfast and North Belfast areas; this was viewed by the inspector. The inspector was informed that the agency did not have a policy or procedure in place relating to missed or late service user calls. There were no records available for inspection to evidence any review of staff duty rotas or allocations. No records were available for inspection in relation to any action taken to address the unsatisfactory performance of agency staff following July 2015 missed calls identified by the BHSCT. It was therefore not possible to ascertain what, if any, action had been taken to ensure that service users would receive their domiciliary care service.

The inspector was unable to review evidence of how communication methods are used between office team leaders and carers regarding duty rotas, changes to times of service users' visits and contacts with service users if carers are running late. However, the staff member interviewed on the day of inspection described a clear process she had followed on one occasion, when found she was running late for her next call.

Records of team meetings were viewed for 15 September 2015 and 21 September 2015 which verified that staff were advised of their responsibility and the process to report if there are any missed or late calls. Records were not available to evidence that staffing levels were being monitored and reviewed by the management.

In light of these concerns and in accordance with RQIA's Enforcement Policy and Procedures, a meeting was held at RQIA offices on 14 October to discuss these matters and the associated breaches in regulations.

At this meeting, the responsible person provided a full account of the actions they have taken and the arrangements made and will continue to make to ensure the improvements necessary to achieve full compliance with the required regulation. The acting manager indicated that they have set up new policies and procedures to deal with late or missed calls, increased staff supervision had been scheduled within the service. Disciplinary action had taken place for staff that had a pattern of missing calls. Contingency arrangements had been developed to support staff to access service users' homes.

The responsible person stated that since the inspection of 24 September 2015, communication processes had improved between team leaders, phone calls made to service users regarding service, improved training and induction to all staff and increased supervision to all staff. RQIA considered the information provided at this meeting and decided not to serve failure to comply notices in regard to regulation 15 (9). However, the responsible person is required to submit to RQIA, until further notice, a weekly report of any service user's missed calls and actions taken to address same.

Is Care Compassionate?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. One relative advised that they had experienced a missed call from the agency following discharge from hospital.

Areas for Improvement

As detailed at theme one above the inspector identified areas for improvement in relation to quality monitoring; records of quality monitoring visits to service users are to be maintained. The registered person is required to develop and implement a policy or procedure in relation to missed or late service user calls.

The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect. Their communication methods to be developed with care staff, and a system developed to evidence how staffing levels are being reviewed and adjusted where needed. Records are to be maintained of staff monitoring, supervision and any disciplinary actions taken where unsatisfactory performance identified.

Number of Requirements:	2	Number of Recommendations:	2
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Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with six reports received during the past year. Review of two of these incident reports evidenced that each had been appropriately recorded and reported to RQIA and the referring HSC Trust within the required time frames. Records confirmed that appropriate actions had been taken to address each matter.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the acting manager, Lesa McCrory, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards 2011, etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 6</p> <p>Stated: Third time</p> <p>To be Completed by: 18 November 2015</p>	<p>The registered person is required to update their Service User's Guide with their revised complaints procedure and provide this updated information to all service users.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Compliant. Revised complaints procedure has been updated to all service users, records are available of each service users signed consent, to confirm they have receive this.</p>
<p>Requirement 2</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: Second time</p> <p>To be Completed by: 18 November 2015</p>	<p>The registered person is required to revise the Records Management procedure to ensure that the records specified in Schedule 4 are retained for a period of not less than eight years from the date of last entry.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Compliant. The Records Management procedure has been revised and includes that records specified in Schedule 4 are retained for a period of not less than eight years, evidence can be reviewed</p>
<p>Requirement 3</p> <p>Ref: Regulation 13 Schedule 3(2) and (10)</p> <p>Stated: Second time</p> <p>To be Completed by: 18 November 2015</p>	<p>The registered person is required to update their Recruitment and Selection of Staff procedure to ensure that information on the domiciliary care workers next of kin is obtained and includes a statement by the registered manager/provider that the person is physically and mentally fit for work which he is to perform.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Compliant. The Recruitment Selection of staff has been updated and includes documentation to gain information on each domiciliary care worker which includes a statement by the Manager/provider that the person is physically and mentally for work which he is to perform, and within this document it also seeks next of kin details. 128 staff that actively work on rota have now completed and updated this information and signed a medical declaration which includes next of kin details. 4 Staff members are presently on long term sick and will complete these during a return to work interview with the Manager. All new staff complete these during the interview process which is conducted with the manager at present. Evidence can be reviewed.</p>


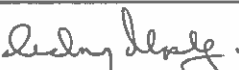
<p>Requirement 4</p> <p>Ref: Regulation 13 Schedule 3</p> <p>Stated: Second time</p> <p>To be Completed by: 18 November 2015</p>	<p>The registered person is required to ensure full information and documents are obtained in respect of all domiciliary care workers.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Partially Compliant .The Acting manager is at present working towards compliance. All staff personal files have been audited and 3 full-time staff have been issued to complete this task which will be overseen by the registered person. All care workers have been informed of what documentation is needed to complete their personal files and to supply information to Connected Health in a timely manner when requested to do so. Evidence can be reviewed to date and Connected Health will be fully compliant by the targeted new date of 12/01/2016.</p>

<p>Requirement 5</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be Completed by: immediate and on going</p>	<p>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>Response by Registered Person(s) Detailing the Actions Taken: Compliant. The Registered person has established a system to evaluating the quality of they services. A monthly monitoring plan is in place. Monthly visits to clients home have been conducted and will be conducted monthly hereafter. Service users, Trust Representatives, Next of Kin and carers feedback interviews have taken place, their views raised regarding quality of care were listened to and Connected Health can demonstrate action taken in regard to matters raised. Connected Health have supplied The Regulation and Improvement Authority a weekly report relating to quality of service provision. Evidence can be reviewed.</p>
<p>Requirement 6</p> <p>Ref: Regulation 23 (2) and (3)</p> <p>Stated: First time</p> <p>To be Completed by: immediate and within one month of draft report issued to responsible person.</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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Compliant,(2) A report is supplied to the Regulation and Improvement Authority based upon the system referred to in paragraph (1). (3) A weekly and monthly report has been supplied to the Regulation and Improvement Authority. Evidence can be reviewed.</p>

<p>Requirement 7 Ref: Regulation 14 (a) (b) Stated: First time</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (a) so as to ensure the safety and well-being of service users; (b) so as to safeguard service users against abuse or neglect;</p>
<p>To be Completed by: immediate and on going</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: Compliant. Policies and procedures have been revised and are now in place, and a management of missed calls policy is now in place. Shortcomings are reported to all the relevant people within a timely manner. Staff performance is addressed through reflective practices, supervisions and disciplinary meetings to address any concerns. Supervisions, team meetings and discussions have addressed the safety and well-being of the service users and all staff are aware of the missed call policy and procedures.</p>

<p>Requirement 8</p> <p>Ref: Regulation 15(9) (a) and (b)</p> <p>Stated: First time</p> <p>To be Completed by: immediately</p>	<p>The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Compliant. All staff have completed training in Safe guarding Vulnerable Adults. Safe Guarding is detailed and discussed with staff during supervisions, appraisals, discussions, and team meetings. Staff receive further discussions during induction in the area of Abuse. Staff are supplied a staff handbook which details all categories and types of abuse, and details how to report any concerns. Written records are kept of any allegation of abuse, and RQIA are informed.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p> <p>To be Completed by: 18 November 2015</p>	<p>The registered person is recommended to ensure that, where relevant, risk assessments are in place which includes management plans relating to the area of restraint.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Compliant. Risk assessments have been set in place by the relevant Trust Authority and risk assessments are now in place which detail the management relating to the area of restraint.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.14</p> <p>Stated: Second time</p> <p>To be Completed by: 18 November 2015</p>	<p>The registered manager is recommended to ensure that, where relevant, risk assessments are in place which includes management plans relating to the area of financial assistance with shopping.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Compliant .Risk Assessments are in place and the relevant Trust care manager has reviewed and included management plans relating to the area of financial assistance with shopping within the clients care plan.</p>
<p>Recommendation 3</p> <p>Ref: Standard 10.2</p> <p>Stated: First time</p>	<p>The registered person is recommended to ensure the policy and procedures for the management of records detail the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p>

<p>To be Completed by: 18 November 2015</p>	<p>Compliant. The management of records policy and procedures has been updated to include the detail the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.</p>
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Recommendation 4 Ref: Standard 11.1 Stated: First time To be Completed by: 18 November 2015	The registered person is recommended to ensure the policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance. Response by Registered Person(s) Detailing the Actions Taken: Compliant. The policy and procedures for staff recruitment details the recruitment process and comply with the legislative requirements and DHSSPS guidance.		
Registered Manager Completing QIP	Lesa McCrory	Date Completed	16/11/2015
Registered Person Approving QIP		Date Approved	17/11/2015
RQIA Inspector Assessing Response		Date Approved	23/11/2015

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