

# Unannounced Domiciliary Care Agency Inspection Report 14 June 2016



## Link Community Care

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**Inspector: Amanda Jackson**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Link Community Care took place on 14 June 2016 from 09:45 to 15:15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found not to be delivering safe care in all aspects of service provision. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. Review of staff recruitment records evidenced gaps in the procedure including employment gaps, references requiring review and registered person/manager sign off regarding staff fitness to practice. A requirement has been made in this regard. The welfare, care and protection of service users is supported through the agency policy which outlines procedures for identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

Four areas for quality improvement were identified in respect of staff recruitment procedures, service users and staff quality monitoring in compliance with the agency policy timeframes and staff mandatory training to be reviewed.

### **Is care effective?**

On the day of the inspection the agency was found not to be delivering effective care in all aspects of service provision. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring for service users and staff have not been implemented consistently in line with regulations and standards, in order to provide continuous review of services in conjunction with service users and their representatives. Introduction of staff to service users is not consistent and has been recommended for review in line with standard 3.5.

Three areas for quality improvement were identified regarding service user quality monitoring in accordance with the agency procedures and standard 8.2 and staff quality monitoring in accordance with standard 8.10. The agency has been recommended to ensure service users are kept informed regarding those staff attending the service user in accordance with standard 3.5.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

Two areas for quality improvement were identified as detailed under the above sections 'Is care safe and effective'. These areas for improvement relate to ongoing service user and staff quality monitoring in accordance with standard 8.2 and 8.10.

## Is the service well led?

On the day of the inspection the agency was found not to be well led in all areas reviewed. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

Two areas for quality improvement were identified regarding review of the current monthly quality monitoring in accordance with Standard 8.11 and review of policies and procedures in line with standard 9.5 timeframes.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

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

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	6

Details of the QIP within this report were discussed with, Mrs Beverley Loney, registered person and manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

## 2.0 Service details

<b>Registered organisation / registered person:</b> Link Community Care Ltd/Mr Harry George Loney and Mrs Beverley Ann Loney	<b>Registered manager:</b> Mrs Beverley Ann Loney
<b>Person in charge of the agency at the time of inspection:</b> Mrs Beverley Ann Loney	<b>Date manager registered:</b> 10 March 2014

## 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan
- Record of notifiable events for 2015/2016 (Nil)
- User Consultation Officer (UCO) report
- Record of complaints notified to the agency (Nil)

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

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

Prior to the inspection the UCO spoke with five service users and five relatives, either in their own home or by telephone, on 25 May 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

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

On the day of inspection the inspectors met with three care staff to discuss their views regarding care provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Ten staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Three recently recruited staff members induction and training records
- Training and development policy and procedure
- Staff supervision and appraisal policy and procedures
- Three long term staff members quality monitoring, supervision, appraisal records
- Three long term staff members training records
- Three staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three new service user records regarding referral, assessment, care planning and review
- Three long term service user records regarding review, reassessment and risk assessment
- Three long term service users quality monitoring records
- Management, control and monitoring of the agency policy and procedure
- Record keeping and reporting policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three monthly monitoring reports completed by the registered person/manager
- 2015 Annual quality report
- Letter issued to all stakeholders regarding annual quality survey outcomes
- Three service user home recording sheets
- Two compliments
- Two staff meeting minutes
- Three emails to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Accident reporting policy
- Trust review for one service user

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection Dated 18 January 2016**

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 18 January 2016

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 5.6</p> <p>Stated: Second time</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Review of five service user records during the UCO visits evidenced ongoing gaps in recording.</p> <p>Review of three service user home records during inspection evidenced recording in accordance with standard 5.6.</p> <p>Review of three staff quality monitoring and supervision records supported the agency taking a proactive approach to reviewing and discussing recording shortfalls with specific staff however follow up to these reviews was not clearly detailed. Review of staff meetings during December 2015 and June 2016 evidenced ongoing discussions with staff regarding the area of recording.</p> <p>Despite a number of recording gaps evidenced during inspection the inspector reviewed good processes in place which the agency implement to review staff practice in this area. Discussion with the registered person/manager during inspection provided assurances that review of staff non-compliance in this area would be a priority following inspection.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p>	<p>The monthly monitoring report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Review of three monthly monitoring reports for February to April 2016 did not reflect independent sampling by the registered person/manager of service users, relatives, staff and commissioners in line with standard 8.11.</p>	<p><b>Not Met</b></p>

<p><b>Recommendation 3</b></p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three staff supervision records confirmed staff received supervision during 2015 in line with the agency policy timeframe of once annually.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p>	<p>Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three staff appraisal records confirmed two of the three staff received appraisal during 2016 in line with the agency policy timeframe of once annually. The third staff member is due to receive appraisal later in 2016.</p>	<p><b>Met</b></p>

#### 4.3 Is care safe?

The agency currently provides services to 86 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards however, all policies reviewed during the inspection have not been reviewed in line with the recommended three year timeframes outlined in standard 9.5.

Three files were sampled relating to recently appointed staff which verified not all the pre-employment information and documents had not been obtained as required. Gaps in employment were not verified within one record reviewed, staff fitness to practice had not been signed off by the registered person or manager within the three file reviewed and staff references could not be confirmed as appropriate within two records reviewed. A requirement has been made in accordance with Regulation 13 and Schedule 3. An induction programme had been completed with each staff member however dates of the shadowing element of induction were not completed within the records reviewed, this was discussed for review ongoing. The agency incorporates elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process. Due to staff not currently requiring to be registered with NISCC this process has not been fully embedded by the agency. The agency manager confirmed plans to register staff in line with NISCC timeframes and at that point will fully implement the NISCC induction standards. Care staff interviewed during the inspection day, had commenced employment a number of year previous and described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Link Community Care. There were

mixed results regarding new carers being introduced to the service user by a regular member of staff; this was felt would be important both in terms of the service user's security and that the new carer had knowledge of the required care.

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

- "All very good."
- "Never let me down."
- "The girls are flexible if I need to change call times."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance to the required standards. The policy however requires updating in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The registered person/manager provided assurances that this policy would be reviewed. The agency's whistleblowing policy and procedure was found to be satisfactory but required review in accordance with standard 9.5 timeframes.

Staff training records viewed for 2015/16 confirmed all care workers had not completed the required mandatory update training programme. Review of three records evidenced gaps in a range of mandatory areas including vulnerable adults, manual handling and challenging behaviour and a recommendation has been made in accordance with standard 12.3. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas. This mandatory training is currently facilitated in house with the use of DVD's and question and answers sessions. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. One staff member requested the opportunity to undertake further training in NVQ and this feedback was shared with the manager during inspection.

Records reviewed for three long term staff members evidenced supervision and appraisal as compliant with agency policy timeframes however quality monitoring had not been completed in compliance with the agency policy timeframes of twice annually and this has been recommended. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

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

- 'I think that our clients are cared and treated for respectfully. Their health and safety I feel is at a high standard'.

A review of safeguarding documentation did not take place during inspection as no matters had arisen since the previous inspection.



Care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

A sample of three service user files did not confirm that the agency management had carried out quality monitoring review meetings with service users/representatives on a consistent basis to ensure service user needs were being met. The registered manager explained that the agency are often invited to contribute either in writing or attend the commissioning trust arranged care review meetings with service users/representatives and several review minutes were evident within the files reviewed by the inspector. The agency manager confirmed that trust representatives were contactable when required. The registered manager confirmed the agency provide feedback to the trust commissioners as necessary. Feedback in this regard was reviewed within several service user files during inspection.

Service users and relatives spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group. However service user and family feedback did highlight variation in call times and this was confirmed during inspection discussions with the registered person/manager due to the rural locality area of such runs. The registered person/manager agreed to review current rota arrangements in light of the variances raised during UCO contacts.

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

**Areas for improvement**

Five areas for improvement were identified during the inspection.

The agency has been required to review recruitment practices in compliance with regulation 13 and schedule 3. Staff mandatory training requires review in line with standard 12.3. Service user and staff quality monitoring have also been recommended for review to ensure a consistent approach to quality monitoring in accordance with agency policy timeframes, standards 8.2 and 8.10.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>4</b>
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**4.4 Is care effective?**

The UCO was informed by the service users and relatives interviewed that there were some concerns regarding timekeeping, however care had not been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. There were mixed results regarding service users being introduced to new carers by a regular carer or supervisor.

No issues regarding communication between the service users, relatives and staff from Link Community Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place and they have received questionnaires from the agency to obtain their views on the service. The majority of the service users and relatives interviewed

by the UCO were able to confirm that they had been involved in trust reviews regarding the care package.

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

- “Get on really well with the carers.”
- “The girls are great.”
- “Really pleased with them.”

During the home visits the UCO reviewed five of the service users’ files and it was noted that one care plan required to be updated, and medication and daily log sheets were not consistently completed.

The agency maintains recording templates in each service user’s home file on which care workers recorded their visits. The UCO reviewed five completed records, which confirmed variation in call times. This matter was discussed with the registered person/manager and assurances provided that service user call times would be reviewed and consistent were possible. Review of three service user home records during inspection supported appropriate recording in accordance with standard 5.2.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users’ needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing monitoring/spot checks were being completed by their manager to ensure effective service delivery.

The registered person/manager confirmed discussion of records management during staff team meetings and during staff quality monitoring and this was reviewed by the inspector, discussion with three staff during the inspection did not supported ongoing review of this topic and this was discussed with the manager during inspection feedback. Minutes of staff meetings were reviewed during inspection and supported updates which included recording as a topic area. Although recording appeared to be an agenda topic through staff meetings and staff quality monitoring the manager could not evidence for the inspector how matters identified were discussed and addressed with the staff, a recommendation has been made in accordance with standard 8.10 and audit of staff working practices including recording.

Service user records viewed included referral information received from the HSC Trust care bureau and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The agency risk assessments completed by staff during their initial service visits contained evidence that service users and/or representative’s views had been obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency have carried out care reviews with service users but not in line with the agency procedure of quarterly. Annual questionnaires were confirmed by the registered person/manager as issued to service users to obtain feedback on services provided. Service user files reviewed during inspection contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans. The agency also maintains a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency had completed their annual quality review report for 2015, with a summary report of findings and improvements planned. The registered manager confirmed the summary report is provided to all service users and this was reviewed within a letter issued to all stakeholders during inspection.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

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

### Areas for improvement

Three areas for improvement were identified during the inspection, two of the recommended areas have already been reflected under the above section 'Is care safe'.

The agency has been recommended to ensure service users and staff quality monitoring are maintained in accordance with the agency policy timeframes and in accordance with standard 8.2 and 8.10. Introduction of staff to service users on an ongoing basis has been recommended for review in accordance with standard 3.5.

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

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Link Community Care. 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 checking on my XXX and will contact me if anything is wrong."
- "Very pleasant."
- "I enjoy the banter with them."

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. Records reviewed by the inspector evidenced where concerns regarding staff recording had been identified during spot checks and monitoring visits, the agency had not retained clear evidence of how these matters had been followed up by the registered manager. The inspector discussed this matter with the manager during inspection for review and a recommendation has been made.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

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

The agency implement service user quality monitoring practices on a quarterly basis through home visits. Records reviewed during inspection did not support quality monitoring in compliance with the agency timeframes and this has been recommended going forward. Quality monitoring from completed service user visits alongside monthly registered person/manager contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'For all the care and Kindness you gave xxx'.
- 'Just a little token to thank you for your help and support with my xxx, I appreciate it greatly, it was good to know that someone was caring and checking on her when I was out at work. We both enjoyed your company and our little chats'.

### Areas for improvement

One area for improvement was identified during the inspection and has already been reflected under the above section 'Is care safe'.

The agency has been recommended to ensure ongoing staff quality monitoring is maintained in accordance with the agency policy timeframes and in accordance with standard 8.10 as previously stated in the previous sections of this report 'Is care safe and effective'.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person and manager Mrs Beverley Loney the agency provide domiciliary care and support to 86 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide and agreement were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered person/manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found not to have been implemented consistently and a recommendation has been made in this regard.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The complaints information was reviewed within the service user guide during inspection.

The complaints log for 2015 and 2016 was discussed with the registered person/manager and confirmed that no complaints had arisen since the previous inspection. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

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

The inspector reviewed the monthly monitoring reports for February to April 2016. These reports evidenced that monitoring the quality of service had taken place but not in accordance with minimum standards. The reports did not always reflect feedback from service users, staff and commissioners by the registered provider. A recommendation has been made in this regard.

The three care workers interviewed indicated that they felt supported by senior staff who were always available. The on-call system in operation was described as valuable to them for seeking advice. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in staff questionnaires returned to RQIA.

Ongoing electronic communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

### Areas for improvement

Two areas for improvement were identified during the inspection.

The agency has been recommended to review the current monthly quality monitoring procedure in accordance with Standard 8.11. This has already been stated within the follow up section of this report. The agency has also been recommended to review agency policies and procedures in line with standard 9.5 timeframes.

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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Beverley Loney, registered person and manager 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to [Agencies.Team@rqia.org.uk](mailto: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 areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 13  
Schedule 3

**Stated:** First time

**To be completed by:**  
With immediate effect  
from the date of  
inspection.

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;  
(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.

**Response by registered person detailing the actions taken:**  
Recruitment issues discussed at Inspection will be addressed.

### Recommendations

#### Recommendation 1

**Ref:** Standard 8.11

**Stated:** Second time

**To be completed by:**  
14 July 2016

The monthly monitoring report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided.

**Response by registered person detailing the actions taken:**  
The monthly management form has been ammended to reflect the service users their representatives and care management views on our service

#### Recommendation 2

**Ref:** Standard 12.3.

**Stated:** First time

**To be completed by:**  
14 September 2016

Mandatory training requirements are met.

**Response by registered person detailing the actions taken:**  
All staff training is ongoing, however out of hours training sessions will be in place to capture bank staff.

#### Recommendation 3

**Ref:** Standard 8.10.

**Stated:** First time

**To be completed by:**  
14 August 2016

Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary. (regarding staff quality monitoring in line with the agency policy timeframes and review of staff recording practices).

**Response by registered person detailing the actions taken:**  
Newly revised monitoring forms will gather information in relation to the documentation on a service user's file at home. Quality monitoring forms have been reviewed to make an achievable goal with regards to timescales for monitoring the agency staff and service users.



<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.2.</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 July 2016</p>	<p>The registered manager ensures the agency delivers services effectively on a day to day basis. (regarding service user quality monitoring in line with the agency policy timeframes).</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The monitoring of service user's is currently under review and the new Policy will reflect an achievable level of monitoring services with regards to the annual timescale.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 3.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect from the date of inspection.</p>	<p>The service user is informed of the names of the staff coming to his or her home prior to the service commencing.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The agency informs the care manager and service users of the names of their carer's. The manager acknowledges on the day of the Inspection a referral form stated the named carer was ' female double run', which is understood by admin staff, however the service user's agreement in the service user's home file did state the care worker names. The manager will ensure this does not reoccur .</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 9.5.</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 September 2016</p>	<p>Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Policies and Procedures due to be reviewed in March 16 have been reviewed June/July 16</p>

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



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