

Unannounced Care Inspection Report 8 November 2018



Rodgers Community Care

Type of Service: Domiciliary Care Agency
**Address: 404 Enterprise Crescent,
Ballinderry Road, Lisburn, BT28 2BP**
Tel No: 028 92678800
Inspector: Marie McCann
User Consultation Officer: Clair McConnell

www.rqia.org.uk

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

Rodgers Community Care is a domiciliary care agency based in Lisburn which provides a range of personal care, social support and sitting services to adults and children living in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability. These services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).

3.0 Service details

Organisation/Registered Provider: Rodgers Community Care Ltd Responsible Individual(s): Michael Dean Rodgers	Registered Manager: Isobel Maria Janene Swain
Person in charge at the time of inspection: Isobel Maria Janene Swain	Date manager registered: 11 February 2009

4.0 Inspection summary

An unannounced inspection took place on 8 November 2018 from 09.00 to 18.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 staff induction, staff training, adult safeguarding and risk management. Further areas of good practice were also noted in relation to care plans, communication between service users, the provision of compassionate care, management of complaints and maintaining good working relationships.

Five areas of improvement were identified during this inspection in relation to selection and recruitment records, service user monitoring visits, the development and implementation of a policy for staff meetings, monitoring of staff care practices and the monthly quality monitoring visit reports.

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 registered manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Isobel Maria Janene Swain, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 22 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 May 2017.

5.0 How we inspect

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

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection on 22 May 2017
- unannounced care inspection report and quality improvement plan from 22 May 2017

During the inspection the inspector met with the registered manager and two care workers.

As part of the inspection the User Consultation Officer (UCO) spoke with five service users and four relatives, either in their own home or by telephone, on 16 November 2018 to obtain their views of the service. The service users received assistance with the following:

- management of medication
- personal care
- sitting service

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

The following records were examined during the inspection by the care inspector:

- Recruitment and induction records for three recently recruited members of staff.
- Four staff personnel records in relation to supervision and appraisal records.
- Staff training matrix.
- Three service users' care records.
- A sample of service users' daily task records.
- A sample of the agency's complaints record from 22 May 2017 to 7 November 2018.
- A sample of staff roster information.
- A sample of the agency's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from July 2018, September 2018 and October 2018.
- Records relating to the registration of staff with the Northern Ireland Social Care Council (NISCC).
- Safeguarding Policy, 2017.
- Staff Supervision and Appraisal Policy, 2018.
- Complaints Procedure.
- Statement of Purpose.

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Three responses were received prior to the issue of the report which can be found in the main body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 May 2017

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

6.2 Review of areas for improvement from the last care inspection dated 22 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (9) Stated: First time	The registered provider must review their 'Safeguarding' policy and procedure to detail the role and responsibilities of the safeguarding champion.	Met
	Action taken as confirmed during the inspection: The inspector viewed evidence which confirmed that the agency had updated their Safeguarding policy to detail the role and responsibilities of the safeguarding champion.	

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

The inspector viewed a sample of recently recruited staff records. These records confirmed that the majority of the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. However, discussion with the registered manager and the review of records highlighted that a number of deficits were identified in relation to information that is required in line with regulation. These related specifically to the requirement to obtain two references, one from an applicant's most recent employer, and a statement to be completed by the registered manager or responsible person, confirming that the person was physically and mentally fit for the purposes of the work he/she has to perform. An area for improvement was made in this regard. The inspector further recommended that the application form should require applicants to record the month they commenced or ceased employment, as some applicants were noted to record the year of employment only. If this information is not completed on the application form there should be evidence that this is discussed further to ensure any gaps in employment are explored.

A review of a sample of staff induction records evidenced that staff received an induction lasting at least three days which included mandatory training and shadowing with experienced staff.

The inspector viewed the agency's system to ensure that all staff receive appropriate training to fulfil the duties of their role. The agency has a yearly training plan in place. The registered manager confirmed that the agency has recently reviewed the updated RQIA training guidance. It was positive to note from discussions with the registered manager that the agency's training programme can be responsive and updated in a timely manner if a training need is identified, such as recent training updates with respect to management of records. A review of a sample of staff training records, evidenced that staff had received mandatory training and that arrangements were in place to identify and meet ongoing training updates as part of a rolling programme of training. A record of the content of training is maintained by the registered manager and there is evidence that the majority of the training has a competency assessment. It was positive to note that the agency provided further training in addition to the mandatory training requirements, such as mental health awareness; dementia awareness; behaviours which challenge; stroke; diabetes; palliative care and epilepsy. The registered manager advised that the agency also works closely with the SEHSCT to ensure staff receive specific training for support with complex care needs prior to the commencement of a care package.

A review of records confirmed that there had been one adult safeguarding investigation since the last care inspection which was now closed. Staff spoken with during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. Staff are required to complete adult safeguarding training during their induction programme and receive an update

during their annual training programme. Discussions with the registered manager established that they were aware of the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. They demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The agency had an Adult Safeguarding Champion (ASC) identified.

The inspector reviewed reporting and management of incidents occurring within the agency. The registered manager maintained a record of all incidents and accidents which had been audited on a monthly basis by the responsible person. A review of a sample of records evidenced that appropriate management of incidents and follow up actions, including liaison with service users' relatives and SEHSCT representatives was undertaken. Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk, and the importance of reporting any issues to the registered manager in a timely manner.

In addition, discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

Discussion with staff on the day of inspection raised no concerns in regards to having appropriate time to undertake their duties as per individual service users' care plans. In addition, UCO feedback from service users raised no concerns regarding the carers' timekeeping or that care had been provided in a rushed manner. However, observation of one staff roster evidenced that it did not accurately reflect the start/end times of calls. Discussion with the registered manager and updated roster information which was provided to RQIA following the inspection provided assurance that service users were receiving calls from staff for the required duration. The need to ensure that the staff roster provides such information in a consistent and accurate manner was stressed. The registered manager provided assurances that the staff duty rosters would be reviewed and appropriate action taken.

The UCO was advised by all of the service users and relatives spoken with that they had no concerns regarding the safety of care being provided by Rodgers Community Care. New carers are usually introduced to the service user by a regular member of staff or manager; this was felt to 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 training included manual handling, use of equipment and management of medication. The service users and relatives that were spoken with 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:

- "Good girls."
- "Gives me peace of mind that someone calls regularly with xxxx and will let me know if anything is wrong."
- "Really grateful for the help."

Examples of some of the comments made by staff who met with the inspector are listed below:

- "Training is beneficial and gives you the knowledge and skills to do the job."
- "I would report any concerns regarding clients' wellbeing straight away to the office."

Returned staff questionnaires indicated that two respondents were very satisfied that the care provided to service users was safe and one response indicated that they were very unsatisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding and risk management.

Areas for improvement

One area for improvement was identified with regards to the recruitment information held by the agency.

	Regulations	Standards
Total number of areas for improvement	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 responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of the provision is laid out in the agency’s Statement of Purpose

On the day of inspection the inspector chose a random sample of service users’ care records. The agency provides care as outlined in each service user’s care plan provided by the relevant trust in consultation with the service user and/or their representatives. Service user records viewed on the day of inspection included referral information and care plans received from the appropriate referring HSCT. The referral information detailed the services being commissioned and typically included relevant assessments and risk assessments, as necessary. One service user record viewed did not contain the relevant assessment required for the use of bed rails. This was discussed with the registered manager and assurances were provided that the relevant district nursing assessment would be supplied to the agency. The inspector highlighted the importance of ensuring that any practices that may be deemed restrictive are appropriately assessed and reviewed in consultation with the multiprofessional team, service user and/or their relative and clearly documented.

In addition to the information received from the relevant trust, the agency completed a further risk assessment and a care plan formulated from the care plan provided by the trust which included additional details with respect to service users’ preferences. The inspector noted that the risk assessment document was typically reviewed annually during the agency’s annual monitoring visit.

The registered manager advised that arrangement for collection of individual service users’ task sheets from the service users’ homes has been increased to once a month and random audits are carried out on these records. A review of a sample of records verified that audits were being undertaken with actions identified, if required. The sample of audits reviewed on the day of inspection highlighted no areas for action.

The registered manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services with service users and their representatives. This includes an annual monitoring visit, attendance at trust care reviews if invited, monthly monitoring telephone calls undertaken by the responsible person, and an annual satisfaction survey. It was positive to note that service users signed the record of service user monitoring visits. This document encouraged feedback regarding various aspects of service delivery including: the quality of service provided, staff treating service user's with respect and dignity, and seeking feedback on how the service could be improved and ensuring service users are aware of the agency's complaints procedure. However, the registered manager informed the inspector that service user monitoring visits were currently not up to date with their annual monitoring schedule. The registered manager advised the inspector following the inspection that all service user monitoring visits would be completed no later than March 2019. The importance of ensuring that annual monitoring visits to service users are carried out in a timely manner was stressed. An area for improvement has been made in this regard.

Within the records viewed, examples were found which demonstrated effective and timely liaison with the multi-disciplinary team in order to address changes in service users' needs. However, the inspector noted that electronic correspondences were not always available within the service users' records. The inspector highlighted the importance of ensuring that such correspondence should be accessible within the service users' records, to ensure a contemporaneous and accurate record is maintained. Assurances were provided by the registered manager that this would be addressed.

The registered manager and staff described effective communication systems in use within the staff team, to ensure staff received information relevant to the care and support of service users. Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff confirmed they had access to the management team via telephone, including out of hours support. In addition, the inspector evidenced the sharing of information to all staff regarding the introduction of the new food/fluid modification guidelines, benefits of staff receiving the flu vaccine and the importance of good infection prevention control measures. Discussion with the registered manager and staff on the day of inspection highlighted that the agency didn't routinely hold staff meetings. There was evidence of a small number of staff meetings but these related to a small staff group who supported specific service users with complex needs. The inspector highlighted the need for the agency to have a policy for staff meetings and ensure that staff meetings are implemented. The staff meetings will provide an additional forum for staff to discuss relevant issues to their role and also enable the sharing of information and learning as part of the agency's ongoing quality improvement focus. An area for improvement was identified in this regard.

The UCO was informed by the service users and relatives spoken with that they had no concerns regarding carers' timekeeping or that care has been rushed. The service users and relatives spoken with also advised that they had not experienced any missed calls from the agency and they are usually introduced to new carers by a regular member of staff or manager.

No issues regarding communication between the service users, relatives and staff from Rodgers Community Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service. Some of the service users and relatives spoken to were also able to confirm that they had received a questionnaire from the agency.

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

- “All the same faces.”
- “Provide a good service.”
- “They’re great.”

While conducting the home visits, the UCO reviewed the agency’s documentation in relation to four service users and it was noted that there was some variation in the time of calls. The UCO also noted that a risk assessment which was not relevant to a service user’s care needs had been filed in the service user’s home care file. This was reported to the responsible person immediately and assurances were provided that the necessary action had been taken to ensure that all service users’ records are maintained in keeping with the General Data Protection Regulation (GDPR).

Examples of some of the comments made by staff who met with the inspector are listed below:

- “There is good support from on call service at the weekend.”
- “I haven’t been to a team meeting – not sure if they have them, it would be good.”
- “I always ensure I receive a full update on service users prior to a new care package starting.”
- “On call support is very good.”
- “Office staff are very good they ensure you have everything you need, gloves, apron and paperwork.”
- “Manager and everyone in the office is very approachable and always follow up on any concerns raised and feedback to you.”

Returned staff questionnaires indicated that two respondents were very satisfied that the care provided to service users was effective. One response indicated that they were very unsatisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care plans and communication between service users and agency staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the timely completion of service user monitoring visits and the development and implementation of a policy for staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

All of the service users and relatives spoken with by the UCO confirmed that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and that care has not been rushed. Service users, as appropriate, 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 Rodgers Community Care. Examples of some of the comments made by service users or their relatives are listed below:

- “Absolutely lovely girls.”
- “Very, very good.”
- “Girls are great.”

Discussions with the registered manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. It was positive to note that the agency’s induction programme provides training on issues of respect and confidentiality and highlights the core values expected of staff in their role. The registered manager further advised that these themes are revisited during other training sessions.

A sample of a care folder received by service users upon commencement of a care package was noted to contain the agency’s complaints and compliments procedure. This provides the service user with details of how to raise concerns regarding the quality of care, which included their trust representative, advocacy groups, the patient and client council (PCC) and the Northern Ireland Public Service Ombudsman (NIPSO).

The inspector reviewed the agency’s governance arrangements for quality assuring the care provided to service users. The registered manager informed the inspector that the staff monitoring visits undertaken to review staff care practices were currently not up to date with their annual monitoring schedule. The registered manager advised the inspector following the inspection that all staff monitoring visits would be completed no later than March 2019. The importance of ensuring that the monitoring of staff care practices is carried out in a timely manner was highlighted. An area for improvement has been made in this regard.

Returned staff questionnaires indicated that two respondents were very satisfied that the care provided to service users was compassionate. One response indicated that they were satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care discussed by service users, relatives, staff and the registered manager.

Areas for improvement

One area for improvement was identified in relation to the timely completion of staff monitoring visits.

	Regulations	Standards
Total number of areas for improvement	0	1

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 inspector sought to assess the agency’s leadership, management and governance arrangements to meet the assessed needs of service users. The RQIA registration certificate was up to date and displayed appropriately. The registered manager and staff who met with the inspector could clearly describe staff roles and responsibilities and the process for obtaining support from senior management if required.

Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation. No concerns regarding the management of the agency were raised during the UCO’s discussions with service users and their relatives. Discussions with staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed, and staff reported they were confident that they would be listened to.

The agency maintained a complaints and compliments record, which was audited on a monthly basis. The registered manager demonstrated good awareness of agency’s complaints procedure. The complaints procedure was noted to be appropriately detailed and included informal, formal, appeal and external resolution processes. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints. All of the service users and relatives spoken with by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service.

The agency’s supervision and appraisal policy outlines the timescales and procedures to be followed. The registered manager has a system to monitor compliance with the timescales and confirmed that arrangements are in place to ensure that all staff have received supervision and appraisals, as required, by end of December 2018. Discussion with staff on the day of inspection described the benefits of receiving supervision and appraisal.

The inspector confirmed that monthly quality monitoring reports were available for review since the last care inspection. Samples of records viewed noted feedback from consultation with service users, their relatives, staff and HSCT representatives. The inspector advised that feedback from consultation with service users, their relatives, staff and HSCT representatives should have a unique identifier so that feedback is traceable. The records demonstrated that a monthly audit of the conduct of the agency takes place including a review of the number of incidents and complaints, staff supervision and training. However, the inspector noted that actions required were repeated over a number of months with no evidence that an appropriate plan had been put in place to address issues identified. The inspector stressed that clear and time specific objectives should be set which can then be measured and reviewed at

subsequent monitoring visits. An area for improvement has been stated regarding submission of monthly reports to RQIA following inspection for review.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC) or other regulatory bodies, as appropriate. The registered manager described the system maintained by the agency to review information regarding staff registration and renewal dates and which ensures compliance. The registered manager stated that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

The inspector discussed arrangements in place that relate 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 service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Examples of some of the comments made by staff who met with the inspector are listed below:

- “I love the job, the company is very good to work for that’s why I have stayed here working for such a long time.”
- “Manager is approachable, I would feel comfortable raising any concerns and they would be addressed.”

Returned staff questionnaires indicated that two respondents were very satisfied that the service was well led. One response indicated that they were very unsatisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, management of complaints and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection in relation to monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Isobel Maria Janene Swain, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This related specifically to:</p> <ul style="list-style-type: none"> • the requirement to obtain two references, one from an applicant’s most recent employer, • the completion of a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work he is to perform and • having a satisfactory written explanation of any gaps in employment. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>>The Registered Manager has reviewed existing documents and implemented an additional checklist to ensure compliance with this regulation.</p> <p>>The registered Person has developed and completed a statement for the purpose of the work they are to perform, relating to the physical and mental fitness of each employee, for the purpose of the work they are to perform.</p> <p>>The registered person has reviewed existing documents and implemented an additional checklist to ensure compliance with this regulation.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Provider has reviewed and amended the monthly quality monitoring reports to reflect specifics as required; these reports continue to be forwarded to the RQIA inspector on a monthly basis.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2018</p>	<p>The registered person shall ensure that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>This relates specifically to the agency developing and implementing a staff meeting policy.</p> <p>Ref:6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager has developed and implemented a staff meeting policy in compliance with this Standard. A copy of this has been provided to RQIA.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>This relates to the agency ensuring that annual monitoring visits are undertaken with service users.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager is in the process of completing ongoing annual monitoring visits with each service user within the required timescale; any follow up action required, will be implemented. The Registered Manager has provided monitoring questionnaires to other Key Stake holders and is awaiting the return of same. An Action plan schedule and timescale has been provided to RQIA</p>
<p>Area for improvement 3</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:</p> <ul style="list-style-type: none"> • accident prevention; • a safe and healthy work environment and safe systems of work; • Control of Substances Hazardous to Health (COSHH); • fire safety awareness; • infection control; • food hygiene (as appropriate to the agency's services); • maintenance and use of all equipment; and • moving and handling. <p>This relates to ensuring that staff work practices are monitored as outlined in the agency's policy to ensure safe, effective and compassionate care is being delivered to service users.</p> <p>Ref: 6.6</p>

	<p>Response by registered person detailing the actions taken: The Registered Manager is in the process of completing ongoing spot checks with staff members within the required timescale; any follow up action required, will be implemented. An Action plan schedule and timescale has been provided to RQIA</p>
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Please ensure this document is completed in full and returned via Web Portal



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