

Unannounced Care Inspection Report 7 June 2018



Admiral Care

Type of Service: Domiciliary Care Agency
Address: 4 Joymount, Carrickfergus, BT38 7DN
Tel No: 02890864055
Inspector: Marie McCann
User Consultation Officer: Clair McConnell

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency which provides a range of personal care services, meal provision and sitting services to people living in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability. The services are provided in the areas of Newtownabbey, Greenisland, Carrickfergus, Larne, Carnlough and surrounding areas. The Northern Health and Social Care Trust (NHSCT) commission these services.

3.0 Service details

Organisation/Registered Provider: Admiral Care Services (NI) Ltd	Registered Manager: Ms Dawn Elizabeth Smyth
Responsible Individual: Ms. Dawn Elizabeth Smyth	
Person in charge at the time of inspection: Mr. Jonny Hoy, Operations Manager	Date manager registered: 17 November 2010

4.0 Inspection summary

An unannounced inspection took place on 7 June 2018 from 09.00 to 16.15.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, staff supervision and appraisal, communication between the management team and care staff and incidents were managed well. There was also evidence throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas requiring improvement were identified in regards to recruitment information held by the agency; management of records; adult safeguarding and care planning.

Service users and relatives who spoke with the User Consultation Officer (UCO), provided feedback regarding their level of satisfaction with the service's provision of safe, effective, compassionate and well led care. Some positive comments were received and have been detailed within the body of this report. The staff members spoken with as part of the inspection provided positive feedback in terms of their work within the agency.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with the, operations 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 2 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 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:

- previous inspection report dated 2 May 2017
- record of notifiable events from 2 May 2017 to 6 June 2018
- any information or correspondence received by RQIA since 2 May 2017
- user consultation officer (UCO) report

As part of the inspection the UCO spoke with one service user and seven relatives, by telephone, on 5 June 2018 to obtain their views about the service. The service users interviewed informed the UCO that they received assistance with the following:

- personal care
- meals
- sitting service

During the inspection the inspector spoke with the operations manager. At the request of the inspector a list of employees was provided by the agency and the inspector randomly chose six employees to contact as part of the inspection process.

The operations manager was also asked to display a poster prominently within the agency's registered premises which invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. The operations manager reported that in addition to displaying the poster, a copy of the poster would be sent to all staff. No staff questionnaires were returned.

The following records were examined during the inspection:

- Four staff recruitment and induction records
- Three service users' records including referral, assessments, care plans, review and quality monitoring information
- A sample of monthly quality monitoring reports for February 2018, March 2018, April 2018 and May 2018
- A range of staff rotas
- Training records
- Staff Recruitment Policy, October 2016
- Safeguarding Policy, October 2016
- Data Protection Policy, October 2016

- Whistleblowing Policy, October 2016
- Incident Policy, October 2016
- Complaints Policy, October 2016
- The Statement of Purpose, Service User Guide and Service User Agreement

The agency was in the process of migrating records from handwritten documents to an electronic system. Service users' records viewed by the inspector therefore included a range of both paper and electronic records.

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 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 02 May

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		
<p>Area for improvement 1</p> <p>Ref: Regulation 23 (2) (3) (4)</p> <p>Stated: First time</p>	<p>23-(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 (ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements</p>	<p>Met</p>

	<p>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>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The Inspector confirmed that the monthly quality monitoring reports were available and up to date. The reports also evidenced the range of measures being carried out by the responsible person to ensure effective quality assurance and service delivery improvement.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the provision of safe care by the agency. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the service user's specific care needs.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included moving and handling and use of equipment. 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:

- "They are very good to xxxx."
- "Couldn't do without the carers."
- "Have a laugh together."

Four personnel files relating to recently appointed staff were reviewed. 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 operations 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, having a satisfactory written explanation of any gaps in employment and a statement to be completed by the registered manager, confirming that the person was medically fit for the purposes of the work he/she has to perform. It was noted that this statement was recorded within the individual induction records but on the records viewed, the statement was not signed. This has been identified as an area for improvement made under the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The operations manager discussed difficulty obtaining references on occasions from an applicant's most recent employer and the inspector referred to recent communication from RQIA to providers issued 22 March 2018 which provided guidance on the management of pre-employment references. In addition, the inspector recommended that the agency update the eligibility questions which form part of their interview process in order to highlight whether applicants have ever been involved in disciplinary proceedings in previous employment.

Discussion with staff and the review of the personnel files evidenced that the agency provided a minimum of a three day induction programme. One staff member had recently returned to employment with the agency after leaving the job several months previously and records confirmed that although the staff member did not attend the two day induction training programme, appropriate training had been provided within an eighteen month period. Staff spoken with described the system of shadowing experienced staff, until the new staff member was competent in their role and understood the service users' assessed needs. A sample of induction records viewed on the day of inspection provided a summary of areas covered, which were required to be signed off by the applicant and supervisor. However as all records viewed were not signed, an area for improvement was made in this regard.

A review of rotas and feedback from staff indicated that sufficient numbers of staff were available to meet the assessed needs of service users. The agency maintains a live system for monitoring staff arrival and departure time at service users' homes. The operations manager advised that this enabled the management team to monitor that care was being delivered in a timely manner and appropriate action could be taken if necessary. This online system also enables staff to access support from the registered manager or management team immediately, thereby ensuring that any concerns can be addressed in a timely manner.

Examination of records and discussion with staff indicated that a system to ensure that three monthly staff supervision and annual appraisals had been maintained. It was positive to note that when management identified the need for additional support and monitoring, supervision had been provided on a monthly basis. A review of the supervision template identified that staff and management reviewed a range of issues, for instance, what was working well, training needs, the management of calls to ensure a good standard of care was being provided, and any suggested areas for improvement identified by staff for the agency to consider.

The inspector was advised that the agency's training programme has been reviewed and improved since the previous care inspection. The training programme consists of a two day induction including face to face training with simulated practice, a mandatory one day update every 18 months, eLearning and access to additional learning resources such as dementia care online. It was positive to note that care staff undergo training in relation to a range of basic clinical skills, as part of the induction process, including: catheter and stoma care, oral and nail

hygiene, pressure care, nutritional support and continence care. Review of the sample of induction records evidenced that staff also received safeguarding training and this was refreshed as part of mandatory training updates on an 18 monthly basis.

Staff who spoke to the inspector confirmed that they complete face to face training and also have access to on-line training. A newly appointed staff member advised that the induction training was beneficial; they felt equipped to do their job and had no suggestions for any improvements. Another staff member spoke positively about the one day refresher training that they had received and stated “you are always asked if you need any extra training, I was never left on my own to do convenes or stoma’s until I knew what I was doing.”

There were no current or previous safeguarding referrals since the last care inspection for the inspector to examine. Discussions with the operations manager established that he was aware of the regional ‘Adult Safeguarding Prevention and Protection in Partnership’, July 2015 and its associated Operational Procedures, September 2016. He 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 identified Adult Safeguarding Champion (ASC). However, a review of the agency’s safeguarding policy identified that it had not been updated to reflect the new regional policy and procedures. An area for improvement was made in this regard.

The operations manager confirmed care services could not be provided to a service user until the necessary information had been received from the relevant Health and Social Care Trust (HSC) which included: referral information and care plan (detailing the care services commissioned), relevant assessments and risk assessments, as applicable. The operations manager provided assurances that any relevant risk assessments for all areas including restrictive practices were assessed and agreed by the HSC trusts in consultation with service users and/or their relatives. The operations manager confirmed that trust representatives were contactable when required, regarding service user matters, and evidence of communication with trust professionals was evident during inspection.

Staff spoken with provided feedback which indicated that they had a good understanding of the management of risk, and the importance of reporting any issues to the management team in a timely manner. They were aware of their obligations in relation to raising concerns with respect to service users’ wellbeing and about poor practice, and were confident of an appropriate management response. One staff member commented “one hundred percent can raise any concerns with management and they would listen.” The agency’s Whistleblowing policy and procedure was reviewed and found to be satisfactory. A typical example of a blank service user file, which is kept in a service user’s home, was reviewed. It was positive to note that, accident, incidents and near miss forms were available for staff to complete, for ease of access.

The inspector reviewed the process for reporting and management of incidents within the agency. The operations manager advised that there had been two incidents since the previous inspection on 2 May 2017, both of which had been reported to RQIA. Discussion established that the two incidents were not required to be notified to RQIA. The inspector referred to guidance available on the RQIA website with regards to the statutory notification of incidents to help ensure that all future notifications are managed appropriately.

Review of the environment confirmed that the premises are suitable for the purposes of the agency as set out in their Statement of Purpose.

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified in regards to recruitment information held by the agency; management of records and review of the agency's adult safeguarding policy in line with regional policy and procedures.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

The UCO was informed by the majority of service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. One relative advised that they had experienced a missed call from the agency. Service users are usually introduced to new carers by a regular carer.

Feedback from service users/relatives evidenced a varying degree of satisfaction with regards to communication between the service users, relatives and staff from Admiral Care. One highlighted area of dissatisfaction included call times being changed without consultation or telephone calls not being returned.

The service users and relatives advised that home visits or phone calls have taken place regularly to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place and they had received a questionnaire from the agency.

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

- "Office staff are very helpful if any issues are raised."
- "Communication could be better."
- "Doing a good job."

The operations manager was made aware of the specific feedback from the UCO on the day of inspection to ensure that effective measures could be taken to address the issues reported. An update was provided by the operations manager to RQIA following the inspection of actions taken with respect to the specific feedback received from the UCO. This will be reviewed during a future care inspection.

The agency's arrangements for appropriately assessing and meeting the needs of service users were examined during the inspection. The operations manager advised that an introductory visit is made to service users prior to the commencement of services by a team leader, unless the care package has been required urgently.

A review of a sample file provided to service users in their own home was noted to obtain the agency's Statement of Purpose, Service User Guide and Agreement, an agency care plan, service user assessments and a daily care diary, which would direct and record care provided. The Service User Guide issued to service users at commencement of the care package included details of support available in reviewing their care package or making a complaint. Discussion with the operations manager confirmed service users received this information within an appropriate timeframe compliant with regulations and standards.

Service user records viewed on the day of inspection included referral information received from the appropriate referring professionals and contained information regarding service users and/or their representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments, as necessary. Of the records viewed on the day of inspection, the agency's care plans which should be developed based on the referral and assessment information received from the HSC Trusts were noted to be inconsistent in quality. It was identified that care plans were not comprehensively completed to reflect service users' assessed level of need and/or support required. An area for improvement was made in this regard.

A review of one service user record identified that the referral information held on file from the NHSCT during June 2016 was minimal. The operations manager advised that information received from the NHSCT for commencement of a care package has improved. He also stated that he was aware of the responsibilities of the agency to ensure that all necessary information required from the commissioning Trust was received prior to a care package being provided, in order to ensure that service delivery is safe and effective.

The inspector was unable to view care plans signed by service users on the day of inspection. The operations manager provided assurances that the signed documentation was held within the file within the service user's home. The inspector advised that a record of signed care plans should also be maintained by the agency, in addition to a copy held in service users' homes. It was noted on the sample viewed that the staff signatures on the care plans were not legible. The operations manager agreed to amend the care plan template and ensure that staff also print their name. It was positive to note that a review of feedback from a recent service user satisfaction survey confirmed that a high number of respondents knew where to locate their care plan.

The operations manager demonstrated the system in place to ensure that any issues/ concerns could be reported by care staff to the management team immediately using an online system which could then be acted upon by the management team, in consultation with the relevant HSC Trust staff. This arrangement was confirmed during discussions with staff, with one staff member commenting "the online system lets you make an immediate care note on the system and this is viewed and sorted out by the registered manager or the director and they get back to you very quickly."

Records viewed showed ongoing communications with trust staff formed an integral part of monitoring and review process. The operations manager described a positive relationship with HSC Trust staff.

The agency maintained recording sheets in each service user's home file on which care staff record their visits. The operations manager advised that the daily recording sheets are collected weekly by agency team leaders and audited. The inspector reviewed a sample of records during inspection and found them to be satisfactory.

Staff spoken with confirmed that they were provided with details of care planned for each new service user and were kept informed regarding changes to existing service users' care plans. One staff member commented, "staff in the office are constantly in contact with you, keeping you updated on things." Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

The operations 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 had access to the management team via telephone; including out of hours support; a live online communication platform fully moderated by the management team regarding content and regular team meetings. A sample of team meeting minutes evidenced varied agenda items including a focus on practice development. One recent team meeting included a review of recording skills and issues of confidentiality. A record of team meetings were maintained detailing who was present and the operations manager confirmed that staff were able to access the minutes of the latest team meeting online. In addition staff could request a copy of historical team minutes if required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between the management team and care staff.

Areas for improvement

An area for improvement was identified during the inspection in relation to the content of care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

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

- "All very pleasant. They're easy to get on with."
- "Very happy with the care."
- "Lovely bunch."

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users and where appropriate their representatives in decisions affecting their care and support. Discussions with the operations manager on the day of inspection and staff following the inspection reflected an ethos of dignity, respect, rights and equality. Staff comments included “management are very strict about confidentiality,” “clients definitely come first”, “they are well looked after” “we treat clients like we would like to be treated”.

In addition, the operations manager and staff spoken with confirmed there was an ongoing quality monitoring system to encourage and obtain service user feedback at various intervals. This included monthly monitoring telephone calls, ongoing care reviews with NHSCT staff, and an annual satisfaction survey with service users. Team leaders also regularly undertook spot checks of staff practice to ensure effective service delivery. A sample of records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Quality monitoring from service user contacts and a review of the results of the agency’s annual service user satisfaction survey completed in April 2018 and May 2018 provided positive feedback overall from service users and their representatives regarding satisfaction with the service being provided.

It was positive to note that the operations manager confirmed the agency’s ability to provide a range of information for service users in alternative formats, such as braille, large print or other languages, upon request.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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. Whilst the majority of the relatives spoken to by the UCO confirmed that the office staff address any concerns raised, three relatives advised that they had yet to receive a response to complaints they had raised. These issues were discussed with the operations manager on the day of inspection for follow up and resolution.

The RQIA registration certificate was up to date and displayed appropriately.

The operations manager confirmed all staff were registered with the Northern Ireland Health and Social Care Council (NISCC) or were in the process of registering. The operations manager discussed the system in place to identify when staff were due to renew their registration. The operations manager provided reassurances that staff are not permitted to work if their NISCC registration has lapsed.

The agency's complaints policy was noted to be appropriately detailed and included informal, formal, appeal and external remedies. With details of the role of RQIA, the Northern Ireland Commissioner for Complaints and contact information of independent advocacy services included. The operations manager confirmed that details of complaints were maintained in individual service user's records and reviewed monthly for audit as part of the monthly quality monitoring visit report. In addition to this system, the inspector recommended that a record of complaints with actions and outcomes were maintained in a centralised record, maintained specifically for complaints.

The operations manager confirmed that the agency's policies and procedures were reviewed a minimum of three yearly, with the next review due in August 2018 and that staff were informed of the full range of policies and procedures as part of their induction. Staff spoken with confirmed that they had access to a range of the agency's policies and procedures contained within the staff handbook which they could access online. Additional policies and procedures could be accessed by staff upon request. The operations manager advised that the agency has undertaken a number of data protection risk assessments and sought advice regarding the introduction of the General Data Protection Regulation (GDPR) to ensure they are working towards compliance. The agency is currently in consultation with the NHSCT regarding their GDPR responsibilities.

A review of a sample of recent monthly quality monitoring visit reports were found to be in accordance with minimum standards with input from service users, relatives, staff members and commissioners.

The care staff spoken with as part of the inspection process indicated that they felt supported by the management team to fulfil their roles and responsibilities, in addition they felt able to raise any concerns and were confident that they would be listened to. Staff comments included:

- "I couldn't fault the management."
- "It's a good team in the office."
- "I feel it's a great wee company."
- "Things have definitely got better, management has improved."
- "It's a great company to work for."
- "I'm aware there is a whistleblowing policy, have never felt it was needed but know where to access it."

Communication with the NHSCT was evident during review of service users' care records and evidenced an open and transparent process in respect of appropriately meeting service users' needs.

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 operations manager was able to reference a copy of the agency’s Service User Charter, which confirmed that service users could not be discriminated against for any reason. In addition, he 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 process. The operations manager advised that the agency does not seek any further equality information from the service users other than that provided by the commissioning NHSCT. The data provided by the NHSCT is used effectively and with individual service user involvement when a person centred care plan is developed.

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

- effective communication
- service user involvement
- Safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jonny Hoy, operations 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: File discussed has been rectified, all references in place. Guidance received has been amalgamated into practice and procedure. File reviewed to ensure sign-off occurs at correct time and added to process and procedure. Written gaps in employment now recorded at interview stage and guidance to completion added. Eligibility questions updated to include queries on previous disciplinary or terminations.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 10.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that information held on record is accurate, up to date and necessary. This includes, but is not limited to, all required signatures within records of induction.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Induction process now updated to include full sign off at early stage of employment format and pro-formas amended to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that the agency's procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>Ref: 6.4</p>

With immediate effect	Response by registered person detailing the actions taken: Safeguarding policy reviewed and has had recent legislation and guidance documents referenced more prominently to clarify and make more transparent.
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<p>Area for improvement 3</p> <p>Ref: Standard 3.3</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2018</p>	<p>The registered person shall ensure that all care plans include information on:</p> <ul style="list-style-type: none"> • the care and services to be provided to the service user • directions for the use of any equipment • the administration or assistance with medication • how specific needs and preferences are to be met • the management of identified risks <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Care plan pro-forma includes all relevant areas but following discussion it has been agreed to utilise all sections, including those that are not applicable for every service user and mark them clearly as not relevant and to ensure that all risk assessments, other assessments and relevant paperwork from referrer is accurately reflected in the care plan.</p>

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



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