

Unannounced Care Inspection Report 14 July 2016



One 2 One Care and Support Services (NI) Ltd

Type of service: Domiciliary Care Agency

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Inspector: Caroline Rix

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of One 2 One Care and Support Services (NI) Ltd took place on 14 July 2016 from 09.30 to 16.45 hours.

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 to be delivering safe care with the exception of the area of recruitment records. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. However, full information was not retained within the records sampled of four domiciliary care workers; therefore a requirement has been made in this regard. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust.

Two areas for quality improvement were identified. 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. The registered person should review their Recruitment and Selection procedure to ensure full and satisfactory staff recruitment information is retained for all domiciliary care workers.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's system of quality review of services, in conjunction with service users and their representatives, was found to be in line with regulations and standards. However, the agency's systems of staff practice quality monitoring were not found to be in line with regulations and standards and are to be reviewed.

Two areas for improvement were identified during the inspection. The registered person shall ensure that each employee receives appropriate supervision (Restated from the previous inspection). The registered person is recommended to develop a system to ensure daily log records are audited and appropriate action taken to address any staff practice issues identified.

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. The agency had completed an annual quality review for 2015, with a report of findings completed; however this report or summary of same was not shared with service users or representatives and was discussed with the registered person/manager for review.

Two areas for quality improvement were identified during the inspection.

The quality review process should evidence that the commissioning trust and staff views had been sought as part of their annual quality of services review. The registered person/manager should ensure all service users and other stakeholders are provided with a copy of their annual quality review summary report.

Is the service well led?

On the day of the inspection the agency was found to be well led. 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. One area for quality improvement was identified during the inspection.

The agency's complaints procedure is recommended to be reviewed; the role of RQIA in relation to unresolved complaints should be included, the contact details of the Northern Ireland Public Services Ombudsman should be updated and this revised information shared with service users.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jennifer Hall the registered person/manager, and Fiona Dawson, a company director, 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.

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

Registered organization/registered provider: One 2 One Care and Support Services (NI) Ltd/Jennifer Blanche Hall	Registered manager: Jennifer Blanche Hall
Person in charge of the agency at the time of inspection: Jennifer Blanche Hall	Date manager registered: 20 November 2014

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

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

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

Prior to the inspection the UCO spoke with four service users and six relatives, either in their own home or by telephone, on 20 and 23 June 2016, to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Personal care
- Meals
- Housework
- Sitting service

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

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

The registered person/manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and they requested their return to RQIA. Three completed 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:

- Two service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Two service user records in respect of the agency quality monitoring contacts
- Two trust care review meeting records
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas for July 2016
- Minutes of staff meetings held October 2015 and March 2016
- Complaints log and records
- Monthly monitoring reports for March to May 2016
- Annual quality report 2015
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 7 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 11(3) Stated: First time	The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.	Met
	Action taken as confirmed during the inspection: The inspector reviewed records to evidence that the registered person/manager had completed training in a variety of subjects relevant to manage the agency, including staff supervision and appraisal training.	

<p>Requirement 2</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p>	<p>The registered person/manager is required to ensure that each employee receives appropriate supervision.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector reviewed records to evidence that care workers had received supervision. However, the supervision process was not in line with their policy and procedure and the records had not been fully completed.</p>	<p>Partially Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 21(2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user's home and they are kept up to date, in good order and in a secure manner.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector confirmed that a system was in place to ensure service users had been provided with a copy of their care plan which was kept up to date and in an agreed place within their home. The UCO also reviewed the agency's documentation relating to five service users.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 23(1)</p> <p>Stated: First time</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <hr/> <p>Action taken as confirmed during the inspection: Records evidenced that the responsible person had carried out monthly monitoring of the quality of services provided. The inspector reviewed monthly monitoring reports for March to May 2016 which were found to be appropriately detailed and were in line with the Minimum Standard 8.11.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 23(5)</p> <p>Stated: First time</p>	<p>The system maintained by the agency for evaluating the quality of the services which the agency arranges to be provided, shall provide for consultation with service users and their representatives.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the agency had sought the views of service users and their representatives as part of their annual quality review for 2015.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 15.6</p> <p>Stated: First time</p>	<p>The registered manager must ensure advice is provided to service users on how to make a complaint and who to contact if they remain dissatisfied or require support services, including independent advocacy.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records evidenced that the advice to service users regarding how to make a complaint and who to contact if they remain dissatisfied or require support services, including independent advocacy, had been revised and provided to them during July 2015.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 15.4</p> <p>Stated: First time</p>	<p>The complaints procedure includes a step-by-step guide to making a complaint, the timescales involved, an outline of the role and function of the Regulation and Quality Improvement Authority in dealing with complaints relating to the agency and contact details for the authority.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the complaints procedure which had been revised in July 2015 to include a step-by-step guide on how to make a complaint, the timescales involved, along with an outline of the role, function and contact details of the Regulation and Quality Improvement Authority.</p>		

Recommendation 3 Ref: Standard 5.6 Stated: First time	All records are legible, accurate, up to date and signed and dated by the person making the entry.	Met
	Action taken as confirmed during the inspection: The inspector reviewed records of daily logs which had been fully completed by the care workers during each service user visit.	

4.2 Is care safe?

The agency currently provides services to 568 service users living in their own homes.

A range of policies and procedures was reviewed relating to staff recruitment and induction training. The Recruitment and Selection policy and procedure dated September 2014 is required to be reviewed. This procedure should detail the stage at which the registered person/manager completes a statement that the person is physically and mentally fit for the purpose of the work which he is to perform, and must also describe the actions to be taken on receipt of information on an applicant's Access NI certificate.

Four staff files were sampled relating to recently appointed care workers. The information reviewed within the four staff files did not evidence that full and satisfactory pre-employment information relating to them had been obtained, in line with Regulation 13 (d) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. None of the four files contained a photograph of the care workers; however, a further two files were viewed which did contain a photograph of these care workers. This area was discussed with the registered person/manager who gave an assurance that all of their current staff records would immediately be reviewed, and where identified, a recent photograph retained. The registered person/manager stated that staff photographs had been obtained and formed part of their agency identity badge.

The remaining pre-employment information and documents had been obtained for each of the four domiciliary care workers.

An induction training programme had been completed with each domiciliary care worker. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained.

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 One 2 One. New carers had usually 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 required care.

In regards to training, one relative informed the UCO that they felt that additional training on catheter care and slide sheets would be beneficial. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carers and/or office staff. Examples of some of the comments made by service users or their relatives are listed below:

- “Nothing but good things to say.”
- “The girls assist if necessary but allow me to do what I can myself.”
- “Gives me peace of mind to know that someone calls with XXX.”

The agency’s ‘Education, Learning and Development’ policy and procedure was viewed which contained details of the arrangements in place to identify and provide staff training to meet the needs of their service users.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users care needs e.g. Parkinson’s disease care. Staff questionnaires received confirmed that they had received training for their role.

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their ‘Safeguarding Adults at Risk’ policy and procedure provided information and guidance as required; however, it did not reference 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’. This was discussed with the registered person/manager who agreed to revise their procedure in line with the DHSSPSNI guidance document. The inspector was satisfied that the registered person/manager would update their vulnerable adult policy and procedure as agreed.

The agency’s whistleblowing policy and procedure was found to be satisfactory.

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

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency’s policies and procedures.

A sample of two service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered person/manager explained that the agency is usually invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/representatives where issues have been identified. The registered manager confirmed they receive an amendment form from the trust detailing any agreed change to the original care plan.

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

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

Areas for improvement

Two areas for improvement were identified during the inspection.

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. The registered person should review their Recruitment and Selection procedure to ensure full and satisfactory staff recruitment information is retained for all domiciliary care workers.

Number of requirements:	1	Number of recommendations:	1
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4.3 Is care effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency or that care has been rushed.

Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from One 2 One were raised with the UCO. The majority of the service users and relatives advised that home visits or phone calls have taken place or that they have received a questionnaire from the agency to obtain their views on the service. It was also confirmed by some of the service users and relatives that observation of staff practice had also taken place and 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:

- "Absolutely no problems."
- "Delighted with the service."
- "Couldn't say anything bad about them."

During the home visits the UCO reviewed the agency's documentation in relation to five service users. No concerns regarding the records were noted; however, there was some variation in the time of calls which was discussed with the registered person/manager to be kept under review.

The agency's policy and procedure on 'Recording and Reporting Care Practices' was viewed and found to contain clear guidance for staff. The inspector reviewed two completed daily log records returned from service users' homes. The registered person/manager explained that these records are reviewed by each scheme manager on return to the office for storage. However, the inspector found no evidence that an audit of returned daily log sheets had been carried out. The agency should establish a system to verify that daily log records are audited and appropriate action taken where staff practice issues identified.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified.

The registered person/manager confirmed ongoing discussion of records management during team meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic. Minutes of staff meetings viewed for October 2015 and March 2016 confirmed this area had been discussed.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained, and where possible, incorporated.

Staff interviewed 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 described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Service user records evidenced that the agency carried out monitoring visits with service users six monthly, and telephone contacts six monthly, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

The inspector reviewed the agency's procedure on 'management of missed calls' and reviewed the records in respect of a number of missed call since March 2016. The inspector found appropriate action had been taken in respect of these matters, and communication with the commissioning trust records evidenced a process was in place to reduce the risk of any service user not receiving their planned call.

The registered person/manager and senior staff discussed with the inspector the agency's plan to introduce a new staff monitoring system during September 2016. This electronic staff monitoring system was described as an additional tool to ensure service user visits are completed as planned. It was confirmed that the commissioning trust were supportive of the phased introduction of this system, and that staff training on this process had started.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

As detailed within the previous inspection report Quality Improvement Plan (QIP), the inspector reviewed records to evidence that care workers had received supervision. These staff supervisions had been undertaken via telephone conversations. The agency's supervision process was not in line with their policy and procedure and the records had not been fully completed; this was discussed with the registered person/manager and is required to be reviewed.

Areas for improvement

Two areas for improvement were identified during the inspection.

The registered person/manager is required to ensure that each employee receives appropriate supervision.

The registered person/manager is recommended to develop a system to ensure daily log records are audited and appropriate action taken to address any staff practice issues are identified.

Number of requirements:	1	Number of recommendations:	1
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4.4 Is care compassionate?

All of the service users and relatives interviewed by the UCO indicated that they felt care was compassionate, that carers treat them with dignity and respect, and care is not being rushed. Service users and relatives reported that, as far as possible, they were given choice in regards to meals and personal care. During the home visits the UCO observed interactions between one carer and a service user; this was felt to be appropriate and friendly in nature.

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 One 2 One. Examples of some of the comments made by service users or their relatives are listed below:

- “Very friendly and respectful.”
- “We are very comfortable with the girls.”
- “Couldn’t do without them.”

The agency had requested the views of service users/relatives on the services being provided via their annual satisfaction questionnaires. The agency had completed an annual quality review for 2015, with a report of findings and the improvements they planned to implement viewed. The registered person/manager confirmed the commissioning trust had been provided with a copy of this report. However, the service users/relatives or staff had not been provided with a copy of the annual report, or a summary of the findings and improvements planned. This area was discussed with the registered person/manager for review. The agency’s quality review process should evidence that the commissioning trust and staff views had been sought as part of their annual quality of services review. The registered person/manager should ensure all service users and stakeholders are provided with a summary of their annual quality review report.

The inspector confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis.

From the records reviewed by the inspector no staff practice issues were identified for improvement; records detailed observation of manual handling equipment usage along with a variety of other tasks. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency's compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and at team meetings.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care; one questionnaire contained the comment: "All our clients are very happy".

The staff interviewed and staff questionnaires returned indicated that they felt supported by senior staff that they described as approachable and helpful.

Areas for improvement

Two areas for improvement were identified during the inspection.

The agency's quality review process should be reviewed to evidence that the commissioning trust and staff views had been sought as part of their annual quality of services review.

The registered person should provide a summary of their annual quality report key findings to service users and all stakeholders.

Number of requirements:	0	Number of recommendations:	2
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4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. The registered person/manager, Jennifer Hall and a senior manager, five scheme managers, an office manager and senior care workers, direct their team of care workers who provide domiciliary care and support to 568 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. The organisational structure flow chart was discussed with the registered person/manager as an area for review to incorporate the various senior staff roles. Discussion with the registered person/ manager, senior manager and the care workers interviewed indicated they understood the organisational structure within the agency and their roles and responsibilities.

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 to be in place with all of the policies sampled reviewed since September 2014.

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 agency's complaints procedure is recommended to be reviewed to ensure it is in line with regulations and standards; the role of RQIA in relation to unresolved complaints should be included, the contact details of the Northern Ireland Public Services Ombudsman should be updated and this revised information shared with service users.

Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner. One staff questionnaire included the comment: "Complaints are sorted out by the manager".

The complaints log was viewed for the period 1 April 2015 to inspection date 14 July 2016 with a range of complaints recorded. The inspector reviewed a sample of four complaints records which supported appropriate management, review and where possible, resolution of each complaint. One complaint viewed has not yet been resolved, the records evidenced effective liaison with the trust to resolve this matter.

Discussion with the registered person/manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

The inspector reviewed the monthly monitoring reports for March to May 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided and were found to be appropriately detailed in accordance with minimum standards.

The staff interviewed described the on-call system in operation as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service user's needs.

Areas for improvement

One area for improvement was identified during the inspection.

The registered person should review their complaints procedure to include the role of RQIA in relation to unresolved complaints, update the contact details of the Northern Ireland Public Services Ombudsman and provide this updated information to all service users

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered person/manager, Jennifer Hall and a company director, Fiona Dawson 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 the agency. 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 provider meets legislative requirements based on the 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, 2011. They promote current good practice and if adopted by the registered provider 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 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 16 (4) Stated: Second time To be completed by: 14 October 2016	<p>The registered person/manager must ensure that each employee receives appropriate supervision.</p> <p>Response by registered person detailing the actions taken:</p> <p>Monthly supervision has been implemented.</p>
Requirement 2 Ref: Regulation 13(d) Stated: First time To be completed by: immediately and on-going	<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.</p> <p>Response by registered person detailing the actions taken: The HR process has been revised and all information is date stamped and filed in personel files.</p>
Recommendations	
Recommendation 1 Ref: Standard 11.1 Stated: First time To be completed by: immediately and on-going	<p>The registered person should review their Recruitment and Selection procedure to ensure full and satisfactory staff recruitment information is retained for all domiciliary care workers.</p> <p>Response by registered person detailing the actions taken: The Recruitment and Selection procedure has been revised and all information shall be retained.</p>
Recommendation 2 Ref: Standard 8.10 Stated: First time To be completed by: 14 September 2016	<p>The registered person should develop a system to ensure daily log records are audited and appropriate action taken to address any staff practice issues identified.</p> <p>Response by registered person detailing the actions taken: This process is now in place.</p>

<p>Recommendation 3</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2016</p>	<p>The registered person should review their quality of services evaluation process to include evidence that the commissioning trust and staff views are sought.</p>
<p>Recommendation 4</p> <p>Ref: Standard 1.9</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2016</p>	<p>Response by registered person detailing the actions taken: This will now be done on a monthly basis with the .Quality Monitoring</p>
<p>Recommendation 5</p> <p>Ref: Standard 15.4</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2016</p>	<p>The registered person should provide a summary of their annual quality report findings to service users and other key stakeholders.</p> <p>Response by registered person detailing the actions taken: This was already issued to the key stakeholders and will now be distributed to service users.</p>
<p>Recommendation 5</p> <p>Ref: Standard 15.4</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2016</p>	<p>The registered person should review their complaints procedure to include the role of RQIA in relation to unresolved complaints, update the contact details of the Northern Ireland Public Services Ombudsman and provide this revised information to all service users.</p> <p>Response by registered person detailing the actions taken: This procedure is now updated.</p>

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