



# Announced Care Inspection Report 18 November 2019



## TW Care Services Ltd

**Type of Service: Domiciliary Care Agency**

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**Inspectors: Aveen Donnelly and Corrie Visser**

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Assurance, Challenge and Improvement in Health and Social Care

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

TW Care Services Ltd is a domiciliary care agency which provides personal care and live-in support to people living mainly in the Ballymena and surrounding areas. Although the provision of care is arranged through self-directed support arrangements, the care provided is subject to review by the Northern Health and Social Care Trust (NHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>TW Care Services Ltd<br><br><b>Responsible Individual:</b><br>Mrs Olipah Gahadza | <b>Registered Manager:</b><br>Mrs Olipah Gahadza  |
| <b>Person in charge at the time of inspection:</b><br>Mrs Olipah Gahadza   | <b>Date manager registered:</b><br>24 August 2016 |

### 4.0 Inspection summary

An announced inspection took place on 18 November 2019 from 10.00 to 14.30 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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.

Since this service was registered in August 2016 RQIA has raised concerns in relation to the recruitment processes at each inspection (7 March 2018 and 14 January 2019). During this inspection, concerns were again raised in relation to the recruitment processes. As a result of this inspection, RQIA was concerned regarding the lack of governance and management oversight of the recruitment processes.

A decision was taken to hold an intention meeting to issue a notice of proposal cancel the registration of the responsible individual. During the meeting on 28 November 2019, assurances were provided by the registered person and RQIA decided that a notice of proposal to cancel the registration of the agency would not be the most appropriate or proportionate measure to achieve improvements and this was not issued.

Subsequently, an intention meeting to issue a failure to comply notice in relation to the lack of robust monthly quality monitoring visits took place at RQIA on 12 December 2019. During this meeting, the registered person acknowledged the failings and provided a full account of the arrangements made to ensure the required improvements necessary to achieve full compliance with the required regulation. However, RQIA were not satisfied that sufficient action had been taken to address the identified deficits. A failure to comply notice was issued in relation to Regulation 23 (1) and (4) of the The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Areas for improvement previously made relating to the recruitment process and staff training have been stated for the second time. Other areas for improvement related to care plans and the completion of the annual quality report.

There were examples of good practice found throughout the inspection in relation to staff induction, supervisions and appraisals. It was good to note that the manager promoted an ethos of shared learning. This was particularly evident in the review of the staff meeting' minutes. Referrals to relevant healthcare professionals had been appropriately made. Collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Service users' representatives spoken with as part of the inspection process provided excellent feedback regarding the service provided by the agency in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the body of this report.

Feedback from the Health and Social Care Trust (HSCT) representatives following the inspection identified that no concerns had been raised in relation to care delivery.

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 3           | 2         |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Olipah Gahadza, responsible individual as part of the inspection process and during the enforcement meetings at RQIA offices on 28 November 2019 and on 12 December 2019.

The timescales for completion commence from the date of inspection.

Enforcement action resulted from the inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)  
Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity>

## 4.2 Action/enforcement taken following the most recent care inspection dated 14 and 21 January 2019

The completed QIP was returned and approved by the care inspector and was followed up during this inspection and assessed as met and partially met.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and Quality Improvement Plan (QIP)
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector spoke with two relatives. Feedback was also received from HSC representatives. Comments received are reflected within the body of the report.

At the request of the inspectors, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

The inspectors requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; two were returned and details of the responses are included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 14 and 21 January 2019

| 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(d) Schedule 3(4) and (8)</p> <p><b>Stated:</b> First time</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 relates specifically to:</p> <ul style="list-style-type: none"> <li>• Two written references, which must be received before the staff member is supplied for work.</li> <li>• A full employment history, together with a satisfactory written explanation of any gaps in employment.</li> </ul> | Partially met            |
|   | <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspectors confirmed that full employment histories, were recorded, together with a satisfactory written explanation of any gaps in employment.</p> <p>The review of two staff records confirmed that robust recruitment procedures were not in place. Refer to section 6.3 for further detail.</p>   |                          |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(d) Schedule 3(7)</p> <p><b>Stated:</b> First time</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 relates specifically to the care staffs' registration with the Northern Ireland Social Care Council (NISCC).</p> <p>A policy on the NISCC Registration Process must be submitted to RQIA with the returned QIP.</p>   | Met                      |

|  |  |                                 |
|--|--|---------------------------------|
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Inspectors confirmed that the policy on the NISCC registrations process was in place. The review of the records confirmed that all staff were appropriately registered with NISCC.</p>  |                                 |
| <p><b>Area for improvement 3</b><br/><b>Ref:</b> Regulation 21(1)(a) Schedule 4(5)<br/><b>Stated:</b> First time</p> | <p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are kept up to date, in respect of each supply of a domiciliary care worker to a service user.</p> <p>This refers specifically to the staffing roster which must include the full names of all staff supplied.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The review of the staff roster confirmed that it was maintained appropriately.</p>  | <b>Met</b>                      |
| <b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>               |  | <b>Validation of compliance</b> |
| <p><b>Area for improvement 1</b><br/><b>Ref:</b> Standard 13.2<br/><b>Stated:</b> First time</p>                     | <p>The registered person shall ensure that the policy on staff supervision and appraisal is reviewed, to address the deficits identified during this inspection.</p> <p>This refers specifically to the provision of supervision and appraisal to staff who do not ordinarily reside in Northern Ireland.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The review of the supervision and appraisal matrix confirmed that supervisions and appraisals had been undertaken in keeping with the agency's policy and procedures.</p> | <b>Met</b>                      |
| <p><b>Area for improvement 2</b><br/><b>Ref:</b> Standard 12.4<br/><b>Stated:</b> First time</p>                     | <p>The registered person shall ensure that where training needs are identified to meet the needs of service users, arrangements are put in place to provide such training.</p> <p>This relates specifically to training in:</p> <ul style="list-style-type: none"> <li>• Food Safety</li> <li>• Diabetes Awareness</li> <li>• Stoma Care</li> </ul>  | <b>Partially met</b>            |

|   |  |            |
|---|--|------------|
|   | <p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of records confirmed that staff had received training in food safety. Training in Diabetes and stoma care had yet to be provided to relevant staff.</p> <p>This area for improvement was not fully met and has been stated for the second time.</p>   |            |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p> | <p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> <li>• The date of commencement of the service.</li> <li>• The duration, if known and the arrival and departure times of staff.</li> <li>• The arrangements for gaining access to and security of the service user's home.</li> <li>• The arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept.</li> <li>• The agency's complaints procedure.</li> <li>• The terms and conditions of the service provision with specific reference to the Living in Policy, as appropriate.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of two care records confirmed that the service user agreements were in keeping with the minimum care standards.</p> | <b>Met</b> |

## 6.2 Inspection findings

### 6.3 Is care safe?

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

At the time of the inspection, the agency had a registered manager in post, who was also the responsible individual. The agency's staffing arrangements were reviewed and the manager advised that they had not had any complaints regarding staffing levels. All those consulted with informed the inspectors that there were no concerns regarding the service users' needs not being met. Relatives spoken with described the care and support provided as being 'excellent'.



The manager described their input into the recruitment process and advised that staff were not permitted to commence work until all the required checks had been undertaken. However, a review of two recruitment records identified that in one record, the staff member had commenced employment before two references had been received. There were also concerns identified in relation to lack of records to support the efforts the manager stated they had made to obtain references from the staff member's last employers. An area for improvement previously made in this regard has been stated for the second time. Further detail in relation to enforcement action taken is detailed in section 6.7.

There was a process in place to ensure that new employees completed an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures.

The review of the personnel records confirmed that staff had been provided with supervision and appraisal in keeping with the agencies policy and procedures.

There was a rolling programme of staff training in place. Although RQIA acknowledges that staff had been provided with mandatory training, an area for improvement previously made in relation to specific staff training has been stated for the second time.

One staff member had attended additional training in areas such as dementia awareness, person-centred care and the management of behaviours which challenge. It was good to note that the staff meetings had been used as an opportunity to share the learning from this training with all staff. Although there was no specific training provided in relation to Human Rights, there was evidence within the records that the core principles underpinning human rights were included within the induction process. These included the principles of valuing individual's rights, the right to privacy, dignity, respect and choice; and to live as independently as possible.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspectors were advised that the manager holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The manager advised that there had been no incidents reported to adult safeguarding since the last care inspection. The review of the accident and incident reports verified that the agency had reported all matters appropriately to the relevant Health and Social Care Trust (HSCT) representatives. The manager advised that they had completed the Annual Position Report. Advice was given in relation to completing this in keeping with the fiscal year. This will be reviewed at the next care inspection.

The inspectors discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspectors discussed the agency's arrangements for managing this and the manager advised that they did not identify any potential challenges in this regard.

During the inspection the inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. It was evident that the agency liaised with healthcare professionals appropriately, where they identified that additional care needs had been identified.

Care records and information relating to service users were stored securely.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervisions and appraisals. It was good to note that the manager promoted an ethos of shared learning. This was particularly evident in the review of the staff meeting' minutes. Referrals to relevant healthcare professionals had been appropriately made.

## Areas for improvement

An area for improvement previously made in relation to the recruitment processes has been stated for the second time.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

### 6.4 Is care effective?

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

The care records evidenced referral information, risk assessments and care plans. However, it was noted that the care plan of one service user required to be completed in more detail. For example, the care plan did not include detail in relation to the assistance required with washing and dressing; and other detail relating to specific personal care needs had not been included. An area for improvement has been made in this regard.

The review of the daily logs, returned from service users' homes, identified that all calls were delivered as planned. The notes had been completed in good detail.

The manager advised that when invited, they would attend the service users' care review with the relevant HSCT representatives.

No concerns were raised during the inspection with regards to communication between service users and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

There are arrangements in place to consult with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

## Areas of good practice

Collaborative working arrangements were in place with service users' next of kin and other key stakeholders. The records relating to the delivery of care were well maintained.

## Areas for improvement

An area for improvement was made in relation to the care plans.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

### 6.5 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

As previously discussed the agency's principles of care were included in the staff induction workbook. This clearly identified to staff, the agency's expectation in relation to treating service users as individuals, respecting their human rights and respecting their right to dignity and respect and promoting independence.

The inspectors discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. No complaints had been raised in relation to inequality. The manager advised that staff' training in human rights principles was interwoven within the person-centred care training.

As part of the inspection process the inspectors also spoke with two service users' relatives, by telephone on 20 November 2019. Some comments received are detailed below:

#### Relatives

- "They are amazing, (Name of carer) is brilliant. We are more than happy, they are first class."
- "We are getting on very well, the girls are great, fantastic and very kind. I couldn't praise them highly enough."

One relative spoken with described how having the services of TW Care services, has enabled the family members to maintain positive relationships with the person who received care and support.

Following the inspection, feedback received from HSC Trust representatives indicated that no concerns had been raised in relation to the care and support provided.

The returned questionnaires from relatives indicated that that they were 'very satisfied' that the care was safe, effective and compassionate. No written comments were received.

#### Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 6.6 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.**

Since this service was registered in August 2016 RQIA has raised concerns in relation to the recruitment processes at each inspection (7 March 2018 and 14 January 2019). During the inspection, concerns were again raised in relation to the recruitment processes. As a result of this inspection, RQIA was concerned regarding the lack of governance and management oversight of the recruitment processes. A decision was taken to hold an intention meeting to issue a notice of proposal to cancel the registration of the responsible individual. During this meeting on 28 November 2019, assurances were provided by the registered person and RQIA decided that a notice of proposal to cancel the registration of the agency would not be the most appropriate or proportionate measure to achieve improvements and this was not issued.

Subsequently, an intention meeting to issue a failure to comply notice in relation to the lack of robust monthly quality monitoring visits took place at RQIA on 12 December 2019. During the meeting held on 12 December 2019, the registered person acknowledged the failings and provided a full account of the arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation. A failure to comply notice was issued on 16 December 2019 in respect of Regulation 23 (1) and (4) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the registered person is required to demonstrate compliance with this regulation on or before 16 March 2020.

The annual report had not been completed. This was disappointing given that this had been in progress during the last care inspection. An area for improvement has been made in this regard.

The manager advised that there had been no complaints received since the date of the last inspection. Discussion with service users' representatives and feedback from HSC Trusts' representatives verified that there were no concerns in relation to the services provided.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). A review of the records confirmed that all staff are currently registered with NISCC. Advice was given in relation to retaining the dates of registration renewal dates.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hardcopy format and were accessible to staff.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to good working relationships the manager had developed with staff and service users.

## Areas for improvement

A failure to comply notice was issued in relation to the monthly quality monitoring process. An area for improvement was also made in relation to the completion of the annual quality report.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 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 Olipah Gahadza, who is the responsible person and 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(d) Schedule 3(4) and (8)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</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 relates specifically to:</p> <ul style="list-style-type: none"> <li>Two written references, which must be received before the staff member is supplied for work.</li> </ul> <p>Ref: 6.3</p>   |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (2) (b) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>           | <p><b>Response by registered person detailing the actions taken:</b><br/>Specific Admin/Compliance staff has been employed. This will ensure that TW has an appointed staff to monitor recruitment compliance.<br/>Registered person has registered to study Level 5 Diploma in Recruitment and Leadership.<br/>TW uses QuikPlan software. This has a comprehensive system which checks staff compliance, eligibility to work, staff skills and rostering. The system does not allocate work if the staff is not compliant. The staff recruitment checklist has an additional space of recording how and when references are followed up.<br/>TW's website has a robust electronic recruitment procedure which indicates when a reference has been sent and received.<br/>2 references are in place for the the staff in question.<br/>All active staff have 2 references in place<br/>Recruitment Policy reviewed to demonstrate the robust recruitment system in place.<br/>Staff Profiles for all active staff updated.</p> <p>The registered person must ensure that care plans specify the service users' needs in respect of the prescribed services to be provided and how the needs are to be met.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Care plan in questions has been changed back to the format which TW originally used.<br/>TW has a new referral whose care plan clearly specifies the service user's needs in respect of their prescribed services provided and how the needs will be met. Family and Service user have been involved.</p> |

|   |   |
|---|---|
|   | <p>Person Centred approach used.</p>  |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 23 (1) and (4) (as outlined in failure to comply notice: FTC000085)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p> | <p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(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><b>The reports must be submitted to RQIA no later than five days after the last day of the month until further notice.</b></p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b><br/>                 The updated Reg 23 Monitoring tool provided by RQIA has been used to submit the monthly internal audit for 5<sup>th</sup> January 2020 and has been submitted to RQIA.<br/>                 Our audits are carried out by another registered provider.<br/>                 Comments from the Inspector on how to improve the report have been noted.</p> |
| <p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>   |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>   | <p>The registered person shall ensure that where training needs are identified to meet the needs of service users, arrangements are put in place to provide such training.</p> <p>This relates specifically to training in:</p> <ul style="list-style-type: none"> <li>• Diabetes Awareness</li> <li>• Stoma Care</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>                 Registered Manager has completed a Storma Care Basic Training to be able to support staff during inhouse training.<br/>                 Staff have completed diabetes online training.<br/>                 Staff have been registered to complete the online Mental Capacity Act Basic training. Some staff have completed the training.</p>  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>  | <p>The registered person must ensure that the quality of services is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.</p> <p><b>A copy of the annual quality report must be submitted to RQIA on completion</b></p>   |

|               |   |
|---------------|---|
| 13 March 2019 | Ref: 6.6.   |
|               | <b>Response by registered person detailing the actions taken:</b><br>Registered Manager has completed a most of the quality assurance audits and has now developed an annual quality assurance tool which will incorporate all the NI Domiciliary Care Standards. |

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





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