

Unannounced Care Inspection Report 27 August 2019



Gosna Care Agency Ltd

Type of Service: Domiciliary Care Agency

**Address: Russell Business Centre, Office 103, 40-42 Lisburn Road,
Belfast, BT9 6AA**

Tel No: 02895 213856

Inspector: Kieran Murray

Gemma Murray Service Development Officer (SDO)

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 personal care and housing support to 41 individuals with care of the elderly, dementia and physical health needs within the South Eastern Health and Social Care Trust (SEHSCT) area. Service users are supported by nine staff.

3.0 Service details

Organisation/Registered Provider: Gosna Care Agency Ltd	Registered Manager: Ms Florence Tanyanyiwa
Responsible Individual(s): Ms Florence Tanyanyiwa	
Person in charge at the time of inspection: Ms Florence Tanyanyiwa	Date manager registered: 6 September 2018

4.0 Inspection summary

An unannounced inspection took place on 27 August 2019 from 09.45 to 17.45.

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, The Northern Ireland Social Care Council (Social Care Workers Prohibition) and fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 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.

Concerns were raised by staff from the SEHSCT in relation to the agency's recruitment processes, specifically in relation to the checking of AccessNI and Northern Ireland Social Care Council (NISCC) registrations.

During the inspection the concerns were identified with several areas specifically, recruitment processes, induction and updating of policies and procedures. These concerns had the potential to impact negatively on service users.

"In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to advise of the intention to issue two notices of failure to comply with regulations. A meeting was held at RQIA offices on 5 September 2019 to discuss these matters. At this meeting, the responsible person provided clarity and satisfactory assurances that the actions and arrangements made and planned will ensure compliance with the required regulations.

On this basis RQIA were assured that Gosna Care Agency Ltd were taking appropriate action in respect of Regulation 13 (d) (e) and Regulation 16 (5) (a). RQIA have advised the registered person of their responsibility to maintain compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, The Northern Ireland Social Care Council (Social Care Workers Prohibition) and fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.” A further unannounced inspection will be planned to ensure that improvements have been made and sustained.

Evidence of good practice was found in relation to:

- adult safeguarding
- care reviews
- involvement of service users
- staff training and development
- staff supervision and appraisal
- collaborative working

Areas requiring improvement were identified in relation to confirming physical and mental health fitness of new staff, inductions, checking applications with AccessNI and registration status with NISCC and updating policies and procedures.

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	4	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Florence Tanyanyiwa, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 27 June 2018

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 June 2018.

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 and Quality Improvement Plan (QIP)
- record of complaints
- record of notifiable incidents
- correspondence with RQIA since the previous inspection
- concerns log

At the request of the inspector, the registered manager was asked to provide a list of names of service users and service users' representatives.

The Service Development Officer (SDO) spoke with three service users and two relatives by telephone, on 3 and 9 September 2019 to obtain their views of the service. The service users interviewed informed the SDO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

During the inspection the inspector met with the registered manager. Following the inspection the inspector made telephone contact with one staff member.

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

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; two responses are included within the body of the report.

A number of areas were recorded as 'undecided' on the responses received from staff. As there was no contact details recorded for staff, the inspector spoke to the manager on the 11 September 2019 and discussed the feedback received. The inspector has been assured by the manager that the feedback received would be discussed at the next team meeting and a record retained which can be reviewed at the next inspection.

The inspector discussed the feedback received from service users and relatives with the manager on the 11 September 2019 and has been assured that comments made would be discussed with service users and relatives during monitoring visits.

The inspector 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.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this 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.

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

The inspector would like to thank the manager, service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 27 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and fitness of Workers (Amendment) Regulations (Northern Ireland) 2017		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that any gaps in employment history were explored at interview with the applicants and a record made of the discussion.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, prepare or ensure that a written plan (“the service user plan”) is prepared which shall-</p>	Met

	(a) be consistent with any plan for the care of the service user prepared by an Health and Social Services or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;	
	Action taken as confirmed during the inspection: The inspector confirmed that restrictive practices in place were assessed, planned and reviewed in conjunction with service users, relatives and the relevant SEHSCT professional.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.6 Stated: Second time To be completed by: Immediate and ongoing	All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.	Met
	Action taken as confirmed during the inspection: All records were legible, accurate and up to date on the day of the inspection.	

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.

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

The inspector reviewed four personnel records three of which were recently recruited staff. These records confirmed that a number of pre-employment information had not been completed in compliance with Regulation 13 and Schedule 3. Two areas for improvement have been made in relation to Regulation 13, specifically in relation to the physical and mental health fitness declaration and registrations with AccessNI. At the intention meeting the manager provided assurances that the agency had taken steps to source a new software system and recruit a dedicated member of staff to specifically focus on recruitment. The manager also shared plans to register the agency as an AccessNI umbrella body.

Discussion with the manager confirmed that a record of the induction programme provided to staff is retained; the inspector viewed four individual staff induction records. The records reviewed did not provide evidence that staff received an induction lasting a minimum of three days which included periods of shadowing. An area for improvement has been stated in to Regulation 16.

The inspector reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards and that staff had appropriate training to fulfil the duties of their role. There was evidence that staff have attended training additional to that outlined within the Minimum Standards such as dementia training. Human rights' training was incorporated into adult safeguarding training.

One staff member commented: "Training was provided in the agency office." It was good to note that staff provided positive feedback in regard to the agency's training programme. The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

Service users informed the SDO that for the most part care is delivered by a team of regular carers although new carers join the team regularly. All those who spoke to the SDO advised that introductions to new carers are managed well and that new staff have the opportunity to shadow and learn from the more experienced care staff.

No issues or concerns regarding staff training or direct care were raised by the service users or relatives. The service users and relatives interviewed confirmed that they knew who to speak to within the agency if they had any issues or concerns and that their experience has been that the service has been responsive to concerns.

Example of some of the comments made by service users and relatives are listed below:

- (The Service is) "very good thank you."
- "Happy with the care."
- "Very helpful."

Discussions with the manager established that since the last inspection there were times that the agency had experienced difficulty ensuring that there was an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. During this time period, the manager advised the inspector that vacant shifts are covered by the agency's, management team. Rotas viewed by the inspector confirmed that staffing levels were currently adequate to meet the needs of service users and the agency.

Discussion with staff following inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. A review of a sample of rotas evidenced that they were effectively organised with individual times being allocated to service users. The rota information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service.

The inspector reviewed reporting and management of incidents occurring within the service. The manager maintained a record of all incidents and accidents. A review of a sample of records evidenced that, appropriate management of incidents and follow up actions, including liaison with service users' relatives and the HSCT representatives was undertaken.

Staff spoken with provided feedback which evidenced that they had a good understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. Staff were aware of the importance of reporting any issues to their line manager/the manager in a timely manner. Staff commented: "We report any concerns."

Discussions with the manager and a review of the agency's safeguarding policy established that the agency have embedded the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The agency had an Adult Safeguarding Champion (ASC) identified. There had been no adult safeguarding referrals made since the last care inspection. Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and taking appropriate and timely action when service user's rights are at risk of being breached maintaining safeguarding records.

The manager has assured the inspector that an adult safeguarding position report will be completed by 30 March 2020.

Staff demonstrated knowledge of how to escalate any concerns with respect to service users' wellbeing. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns about poor practice, and were confident of an appropriate management response. Discussions with staff evidenced that they were empowered to speak up about poor care through the management arrangements in place.

Staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Of two responses received from staff, both indicated that they were 'very satisfied' that care was safe.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified in relation to physical and mental health fitness statements, AccessNI checks and inductions.

	Regulations	Standards
Total number of areas for improvement	3	0

6.4 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose (2018) and Service User Guide (2019). The inspector advised the manager to amend the telephone contact details for RQIA in both documents. This will be followed up at the next care inspection.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements and the records were organised and clearly indexed.

The review of three care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and yearly care reviews with the relevant SEHSCT representative, service users and relatives as appropriate.

The manager and staff spoke confidently regarding positive risk taking and the benefits this can have on service user's self-esteem and emotional wellbeing and the appropriateness of liaising with the multi-disciplinary team to ensure that service users had access to the relevant information and support to make informed decisions.

The manager advised the inspector that monthly spot checks of staff practice took place. Records reviewed evidenced this practice.

Staff described the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice. The inspector noted that a number of restrictive practices were in place. It was noted that that they were of the least restrictive nature and considered necessary in conjunction with the service user, their relative and the SEHSCT; they were noted to be reviewed yearly or sooner if needed. The manager spoke confidently about managing risks to service users' wellbeing while maintaining their human rights and that any intervention is the least restrictive possible.

Service users and relatives informed the SDO that there were issues with timekeeping within the agency as calls were late as well as too early causing some inconvenience for service users. The service users and relatives spoken to had not experienced any missed calls but some erratic calls times, with no telephone contact to advise of the delay or change to the call time. Service users and relatives advised the inspector that they had raised this issue with the agency but that this had not brought about any positive change to service delivery.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The manager and staff described effective communication systems in use within the staff team to ensure that staff received information relevant to the care and support of service users. Staff consulted with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff confirmed they had effective access to the management team via telephone including out of hours support.

The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

Of two responses received from staff, one indicated that they were 'very satisfied' that care was effective and one indicated that they were 'undecided' that care was effective. As there was no contact details recorded for staff, the inspector spoke to the registered manager on the 11 September 2019 and discussed the feedback received. The inspector has been assured by the manager that the feedback received would be discussed at the next team meeting and a record retained which can be reviewed at the next inspection.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

Discussions with the manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Staff comments included: "The rights of clients are protected."

Staff spoke knowledgeably about the importance placed on recognising the individual needs of service users and how best to support each service user taking into account individual preferences.

Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality was maintained and consent obtained at all times. Staff acknowledged that service users require varying degrees of support with their care needs, they described how independence is promoted but when assistance is required this support is provided discreetly.

All of the people we spoke to consider the care provided to be compassionate. Service users spoke to the SDO in positive terms about staff and their interactions with them and their relatives. There were issues discussed with timing of calls but most highlighted that they knew this was not an issue with the carers but rather shortages of staff or scheduling of calls. Service users and staff shared that calls can at times feel a little rushed but for the most part care tasks are well delivered and well-paced according to the needs of the service user.

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

- “Very good, compassionate, yes and kind.”
- “Some of (the staff) are very nice, some lovely girls.”
- “most staff are lovely and friendly.”

Views of service users and relatives have been sought by the service through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by agency.

The inspector reviewed the agency’s governance arrangements for quality assuring the care provided to service users. The manager advised that the staff practices are checked on a monthly basis and records are maintained in the agency.

It was positive to note that telephone monitoring was undertaken by the agency, in order to review the quality of service provision, maintain confidentiality and treat service users with dignity and respect. This will promote the principle of partnership with the care staff and service user and emphasises the value placed on service users by the agency.

Of two responses received from staff, one indicated that they were ‘very satisfied’ that care was compassionate and one indicated that they were ‘satisfied’ that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency’s ethos of encouraging feedback from 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

6.6 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.

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure. In addition, discussion with the manager confirmed that they had a good understanding of their role and responsibilities under the legislation. Feedback from staff evidenced that the manager fulfils their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. There was clear leadership provided by the manager which resulted in a shared team culture, the focus of which was how they could do things better for service users.

Staff comments:

- "The management are okay."

The service users and relatives who spoke to the SDO confirmed that they were aware of whom they should contact if they have concerns regarding the service.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. On review of a sample of policies and procedures the inspector noted that they were out of date. An area for improvement has been made in relation to Standard 9.5.

The agency maintained a complaints and compliments record, which was audited on a weekly basis. The manager demonstrated good awareness of the agency's complaints procedure. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints. A review of the agency's complaints records since the last inspection evidenced that the agency had received a number of complaints. The inspector reviewed these records and found they had been handled within policy and procedure and the complainants were satisfied with the outcome.

The manager evidenced a commitment to driving improvement in the service through provision of a consistent staff group to support service users. The operations manager described the importance placed on supporting and valuing staff to develop and improve skills and knowledge basis.

Discussion with the manager confirmed that staff meetings dates are planned on a monthly basis. The inspector noted the following items discussed working relationships, respect and teamwork.

The inspector reviewed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC) and found that a number of staff were not registered with NISCC. An area for improvement has been made in relation to Regulation 16. At the intention meeting the manager provided assurances that the agency had taken steps to source a new software system and recruit a dedicated member of staff to specifically focus on recruitment. The manager also shared a newly devised induction checklist.

There are robust, transparent systems in place to assess the quality of the service in relation to outcomes for people which includes feedback from people using the service and their representatives.

The available monthly quality monitoring reports evidenced consultation with service users, relatives, agency staff and SEHSCT representatives. The records demonstrated a quality improvement focus and a monthly audit of the conduct of the agency, including an action plan agreed with timescales for completion.

The inspector noted and examined the following surveys/audits carried out by Gosna Care Agency Ltd, Service User Questionnaires 2018 and found responses to be positive and negative. The annual quality report 2018 was reviewed, with positive results.

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 advised that to date, the agency has not provided access to specific equality and diversity training. However, the importance of this was interwoven within all training and the supervision process. In addition, the operations manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used effectively and with individual service user involvement to provide person centred care.

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

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- disability awareness

The inspector discussed the recent changes the Northern Ireland Ambulance service (NIAS) had made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the operations manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

Of two responses received from staff, one indicated that they were 'satisfied' that the service was well led and one indicated that they were 'undecided' that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly quality monitoring reports and management of complaints.

Areas for improvement

Areas for improvement have been identified in relation to registrations with NISCC and up to date policies and procedures.

	Regulations	Standards
Total number of areas for improvement	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 Ms Florence Tanyanyiwa, 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 The Northern Ireland Social Care Council (Social Care Workers Prohibition) and fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and 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 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and fitness of Workers (Amendment) Regulations (Northern Ireland) 2017	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that a statement is in place, confirming that staff are physically and mentally fit for the purposes of the work which they are to perform.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A fitness form is in place attached to the application form, this is signed by the candidate and the Registered Manager sign to confirm that the candidate is mentally and physically fit to perform their care duties.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that a consistent system is in place to undertake AccessNI checks on new staff members.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: We now use a single/organisation umbrella body for all candidates to apply for AccessNI. No staff will commence work before the AccessNI check has been completed. We are in the process of registering as a body with AccessNI.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure he is registered on the relevant part of the register (NISCC).</p> <p>Ref:6.6</p> <p>Response by registered person detailing the actions taken: NISCC registration procedure has been added on the induction training program, this is now included in the application form. The agency now keeps a register of all staff registered with NISCC, staff in the process of registering and staff not yet registered, The agency will closely monitor the register and remind new staff to register within six months of starting employment.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (5)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that new domiciliary care workers (“the new worker”) are provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Ref:6.3</p>

To be completed by: Immediate and ongoing	Response by registered person detailing the actions taken: We have implemented a system where all new candidates go through a 3 day induction period and a day of shadowing in the community before they are assigned a shift.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 9.5 Stated: First time	The registered person shall ensure that policies and procedures are subject to a three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures. Ref: 6.6
To be completed by: Immediate and ongoing	Response by registered person detailing the actions taken: All policies and procedures have been updated and policies due for revision/amendment have been reviewed accordingly and signed off by the registered manager..

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



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