

Announced Care Inspection Report 9 March 2020



Provident Healthcare NI

Type of Service: Domiciliary Care Agency
**Address: 2nd Floor, Richview Regeneration Centre,
339-341 Donegall Road, Belfast, BT12 6FQ**
Tel No: 028 9508 3306
Inspector: Bridget Dougan

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

Provident Healthcare NI is a domiciliary care agency which provides care and support to people living in their own homes. Services provided include personal care and live-in support to people living within the Belfast geographical area.

3.0 Service details

Organisation/Registered Provider: Provident Healthcare NI Ltd Responsible Individual: Mr Stanley Jasi	Registered Manager: Mrs Nicola Harvey (acting)
Person in charge at the time of inspection: Mr Stanley Jasi	Date manager registered: Application not submitted

4.0 Inspection summary

An announced inspection took place on 9 March 2020 from 10.30 to 16.00 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 all areas for improvement identified during and since the last care inspection to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found during the inspection in relation to good working relationships between the management, staff and service users.

Service users' representatives spoken with as part of the inspection process provided positive 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 with them in relation to the delivery of services provided by the agency.

Deficits in recruitment had been raised during the previous (post registration) inspection on 28 March 2019. Assurances were provided at that time by the responsible individual that robust monitoring systems would be implemented to ensure compliance with statutory legislation and

mandatory requirements. Despite these assurances, further deficits in recruitment processes were identified during this inspection.

During this inspection, the system in place for obtaining AccessNI enhanced disclosure information and registration status with NISCC for all care staff was not considered adequate.

Systems were not in place for the management of records in accordance with legislative requirements. Records were not available to provide evidence of the care provided to service users. The care records for two service users had been accidentally destroyed.

A robust system was not in place to monitor the quality of the care services provided.

Given the number of concerns identified during this inspection, the inspector was concerned that there was lack of appropriate governance and management oversight in relation to the quality of the agency.

In accordance with RQIA's enforcement procedures, senior management met to discuss the inspection findings. An enforcement decision meeting was held and it was agreed that a meeting would be held with the responsible individual to discuss the concerns. A meeting arranged for 24 March 2020 was postponed due to the emerging situation resulting from the Covid 19 Pandemic.

Following an assessment of the associated risks and the feedback provided by the service users' representatives, Trust representatives and the responsible individual, a decision was made to reschedule the intention meeting. The decision was made by RQIA to allow for a further period of time for improvements to be made by Provident Healthcare NI in the areas identified.

RQIA's decision has been made on the basis of seeking, where possible to take a pragmatic, flexible and proportionate approach in circumstances which arise as a result of, or during the Covid-19 pandemic, whilst at the same time ensuring safe care continues to be provided. This is in accordance with current correspondence from the Department of Health.

The matter was kept under review and further correspondence was received from NISCC regarding the registration of another staff member. Following receipt of this additional information and taking into consideration the concerns identified previously, a meeting was arranged with the responsible individual to discuss the concerns. Following an intention to serve a Notice of Proposal meeting on 21 May 2020, RQIA issued a Notice of Proposal to cancel the registration of the responsible individual.

Areas for improvement previously made in respect of recruitment policy and processes, staff induction policy and procedures have been stated for the second time on the Quality Improvement Plan (QIP). Other areas for improvement were identified in respect of the management of records, governance and quality monitoring processes, staff meetings and training for the Adult Safeguarding Champion, notification of the absence of the registered manager and submission of an application for the registration of the current acting manager.

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	9	5

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Stanley Jasi, responsible individual and the acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this 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 28 March 2019

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

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 five service user representatives. Feedback was also received from two HSC representatives. Comments received are reflected within the body of the report.

At the request of the inspector, the responsible individual 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 inspector requested that the responsible individual 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; no responses were received.

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 28 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: Review of five staff recruitment records evidenced that full and satisfactory information had not been obtained in respect of the matters specified in Schedule 3. This is discussed further in section 6.2. This area for improvement was not been met and has been stated for the second time.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 11.1 Stated: First time	The registered person shall review the recruitment policy and procedure and ensure it complies with legislative requirements and DHSSPS guidance.	Partially met
	Action taken as confirmed during the inspection: Review of the recruitment policy and	

	<p>procedure dated 8 May 2019 evidenced that further amendments were required in respect of the pre-employment checks undertaken, to ensure compliance with legislative requirements and DHSSPS guidance. The following areas had not been included:</p> <ul style="list-style-type: none"> • Registration status with NISCC • Where appropriate, a valid driving licence and insurance cover for business use of car is confirmed. <p>This area for improvement was not fully met and has been stated for the second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure a staff induction policy and procedure is in place.</p> <p>Action taken as confirmed during the inspection: A staff induction policy and procedure was in place, however this policy and procedure had not been dated and a reference was made to the provision of a three day induction for community care workers and a half day induction for care assistants. This was misleading and was not in keeping with The Domiciliary Care Agencies Regulations (Northern Ireland) (2007).</p> <p>This area for improvement was not fully met and has been stated for the second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a record is maintained in the agency of the structured orientation and induction completed by all newly appointed staff.</p> <p>Action taken as confirmed during the inspection: Review of five staff induction records evidenced that staff had completed a minimum of three days induction, including moving and handling training, other mandatory training and shadowing a senior member of staff. Review of the induction checklist evidenced that the induction was not sufficiently comprehensive and did not include the NISCC induction standards. While the induction checklist included an overview of the roles and responsibilities, it did not provide evidence of a structured orientation and induction. For</p>	<p>Partially met</p>

	<p>example, it contained headings such as “general hygiene, health and safety, maintaining confidentiality” with no details of what guidance was provided under each area. A tick box was completed to indicate that all the areas had been discussed.</p> <p>This area for improvement was not fully met and has been stated for the second time.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a policy and procedure on the provision of live-in care is developed and shared with all relevant staff.</p> <p>Action taken as confirmed during the inspection: A policy and procedure on the provision of live-in care, dated May 2019, had been developed and the inspector was informed that this had been shared with all relevant staff. The inspector was unable to confirm this with staff as none were available for consultations at the time of the inspection</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 1.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records are kept of comments made by service users and their carers/representatives regarding the quality of care and services provided and the actions taken by staff in response to the comments.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of monthly quality monitoring reports from 30 May 2019 to 17 November 2019 and evidenced that a record had been maintained of the comments provided by service users and their carers/representatives regarding the quality of care and services provided. No actions had been taken as all the comments were positive.</p>	<p>Met</p>

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.

Staffing arrangements were discussed with the responsible individual and the inspector was advised that they had not had any complaints regarding staffing levels.

Discussions with five service user representatives, following the inspection, identified that they had no concerns with regards to the service users receiving the appropriate care and support to meet their needs. Relatives spoken with described the care and support provided as being 'excellent'.

The inspector was informed by the responsible individual that five care staff were currently employed by the agency. However, following the inspection the inspector discussed the care provided with relatives of service users. These relatives informed the inspector of four additional staff who had not been identified to the inspector during the inspection. In a telephone call to the responsible individual following the inspection, the inspector was informed that two of these staff had left the agency prior to the inspection and that all the relevant pre-employment checks had been completed for all of the additional staff. No explanation was provided by Mr Jasi as to why the personnel records for these staff were not available at the time of the inspection. An area for improvement has been identified.

An alphabetical index of domiciliary care workers supplied, or available for supply by the agency, required to be maintained in accordance with the regulations, had not been maintained. An area for improvement has been identified.

A review of the five staff recruitment records identified that all five staff members had commenced employment (carried out a shadowing visit and completed their induction) prior to the date of their AccessNI certificate having been issued. No record had been maintained of the date the AccessNI had been sought or received by the agency. This information was cross referenced with AccessNI following the inspection and it was confirmed that an AccessNI disclosure check had not been issued for one staff member. The disclosure referenced in the staff member's recruitment file related to another agency in which the staff member had worked prior to commencing employment at Provident Healthcare. The inspector was informed that this staff member had ceased employment with the agency prior to the inspection. The remaining four carers had worked between one and five months prior to an AccessNI enhanced disclosure having been issued. An area for improvement previously made in respect of recruitment practices has been stated for the second time and was considered a significant concern in reviewing the continued registration of this service.

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 five staff personnel records indicated that two staff were currently registered with NISCC. Details of NISCC registration held in staff personnel files was cross referenced with the NISCC register following the inspection and evidenced that three staff were not registered with NISCC. One staff had made an application for registration with NISCC, however not all of the requested information

had been provided and as a result the registration would not have been completed within the required timescales. A second member of staff had been removed from the register as a result of non-payment of fees and a third member of staff, who had been employed since October 2018, had not made an application for registration. The employment details of a fourth staff member had not been updated on the NISCC register and whilst they were registered, Provident Healthcare was not identified as their current employer.

There was no system in place for the responsible individual or the manager to log onto the NISCC portal to check the registration details of staff or to maintain oversight and good governance of this matter. These carers had been provided to vulnerable services users without the appropriate checks in place. These actions have the potential to place vulnerable service users at risk. An area for improvement has been identified.

Discussion took place regarding Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (Northern Ireland) 2016. The responsible individual confirmed that training for staff in this area was being planned for the coming weeks; however a date had not yet been arranged. No staff were available for discussion with the inspector at the time of the inspection and no staff feedback was provided via the staff survey.

The role of the Adult Safeguarding Champion (ASC) was discussed and the inspector was advised that the newly appointed manager had been allocated this responsibility. Discussion with the manager evidenced that she was knowledgeable with regard to adult safeguarding and the role of the ASC, however she had not yet completed training in the role of the ASC. An area for improvement has been identified accordingly.

The responsible individual advised that there had been no adult safeguarding concerns since the last care inspection. The adult safeguarding annual position report had not yet been completed and the manager was advised that RQIA will review the report following the implementation date of 1 April 2020. The manager was signposted to further guidance on the annual position report, following the inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to the feedback provided by service user representatives.

Areas for improvement

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

Four further areas for improvement have been identified in relation to the provision of staff employment details, the maintenance of an index of care staff, NISCC registrations for all staff and training for the Adult Safeguarding Champion.

	Regulations	Standards
Total number of areas for improvement	4	1

6.4 Is care effective?

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

The responsible individual informed the inspector that a team of five domiciliary care staff provide care and support to five service users. The agency contracted directly with the service users/their representatives through private arrangements or under Self Directed Support payments. Referrals were made directly to the agency from the service users/their representatives. The responsible individual informed the inspector that the agency has no contact with Health and Social Care Trusts in respect of the care and services provided to these service users; however HSC Trusts maintain oversight in respect of the financial aspects of Self Directed Support packages.

An alphabetical index of service users, as required to be maintained for inspection in accordance with the regulations, had not been maintained. An area for improvement has been identified.

Review of the care records of five service users evidenced that an assessment of need and risk assessment had been completed by the manager of the agency for each of the service users on the day the service commenced. It was noted that the assessment of need completed by the agency included a brief description of the current general health, dietary requirements, medications, communication needs and mobility of the service users. A person-centred, holistic assessment of need had not been completed. Specific needs and preferences of the service users, risk assessments relating to the delivery of care, social network and support had not been included. An area for improvement has been identified.

Care plans were in place for four service users. It was observed that the care plans were not detailed, did not include information on how specific needs and preferences were to be met or the management of identified risks. Care plans included information such as “assist with ADL’s i.e. toileting, washing, assist to serve meals, keep company”. This level of detail is insufficient to ensure the service users’ identified needs can be met by the agency. A care plan was not in place for one service user, potentially putting the service user at risk as information was not available for staff regarding the care needs of the service user and the interventions required to promote their health and wellbeing. An area for improvement has been identified.

Records were not available to provide evidence of the care delivered to service users. The responsible individual confirmed that all the daily care records of staff visits to two service users had been accidentally shredded prior to the inspection. Both of these service users were in receipt of care services from the agency since March 2019.

The daily care records for the remaining three service users (two of these service users commenced with the agency in August 2019 and one in December 2019) were available from January 2020, however they did not evidence a detailed record of the care provided. Only staff names, dates and times of entering and leaving service users homes had been recorded. The inspector was informed that care records had been maintained in the service users’ homes; however these records had not been transferred to the agency in a timely manner for safekeeping and quality monitoring in accordance with records management procedures. An area for improvement has been identified.

The responsible individual informed the inspector that there were effective collaborative working arrangements between the agency and relatives to ensure the needs of the service users were met. This was confirmed through consultation with service user representatives following the inspection.

The inspector was informed by the responsible individual that staff meetings were held every three weeks however staff were unavailable to speak with the inspector and no minutes of these meetings had been maintained. An area for improvement has been identified.

Areas of good practice

Collaborative working arrangements were in place with service user representatives.

Areas for improvement

Four areas for improvement were identified in respect of the assessment of service users’ needs, care plans, records of the care provided and records of staff meetings.

	Regulations	Standards
Total number of areas for improvement	3	1

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.

The inspector 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. As previously stated, the responsible individual advised that training was being arranged for staff in relation to Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (Northern Ireland) 2016.

As part of the inspection process the inspector spoke with five service users’ representatives following the inspection. Some comments received are detailed below:

- “We’re delighted with the service.”
- “We have found the management and staff to be respectful and extremely sensitive with everything”
- “We were asked by the manager, prior to the service commencing, if we had a preference for a male or female carer and also with regard to the ethnicity of the carer”
- “Excellent carers, no problems”
- “I honestly can’t complain about them”
- “Exceptional manner and professionalism”.

Feedback was also received from two Belfast HSC Trust representatives. Whilst the HSC Trust has no direct contact with the agency for services provided through private arrangements or under Self Directed Support, the Trust does however have oversight of Self Directed Support payments. The Trust representatives confirmed that no concerns had been raised with the HSC Trust in relation to the care and support provided.

No questionnaires responses were received from service users, their representatives or staff.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to engagement with service users.

Areas for improvement

No areas for improvement were identified 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 responsible individual informed the inspector that the registered manager had left the agency in January 2020 and the deputy manager also left around that time. Since then the agency has been managed by the responsible individual and, in the absence of the responsible individual, by a director of the agency not registered/required to be registered with RQIA. RQIA has not been given notice in writing of the absence of the registered manager for a period exceeding 28 days, which is a requirement under the regulations. An area for improvement has been identified. This again raised concerns for RQIA in respect of the management and governance oversight of the agency.

The inspector was informed that the current acting manager took up the post on 24 February 2020. An application for registration had not been submitted to RQIA; however the inspector was informed that this would be submitted within a few days of the inspection. No application had been submitted at the time of writing this report. This was concerning and area for improvement has been identified.

RQIA identified concerns in relation to the recruitment processes at the post registration inspection on 28 March 2019. Assurances were provided at that time by the responsible individual that robust monitoring systems would be implemented to ensure compliance with statutory legislation and mandatory requirements. Despite these assurances, further deficits in recruitment processes were identified during this current inspection. This further heightens the concern regarding management, governance and oversight in line with regulations.

Systems were not in place for the management of records in accordance with legislative requirements. Records were not available to provide evidence of the care delivered to service users and a number of service user care records had been accidentally destroyed by the responsible individual.

Lack of appropriate recording and robust records management procedures highlights serious weakness regarding oversight, management and governance systems in relation to service delivery and regulatory compliance.

A robust system was not in place to monitor the delivery of quality care services.

A review of the monthly quality monitoring reports (30 May 2019 – 17 November 2019) identified that pre-employment checks, staff registrations with NISCC and the management of records had not been monitored. In the section referring to RQIA previous QIP, it stated “all completed”. An action plan was not in place for any of the monthly quality monitoring reports reviewed to detail how matters requiring review and improvement were to be actioned.

The manager informed the inspector that she was introducing systems for evaluating the quality of the services provided. The manager provided evidence of templates she had developed for audits of care records and recruitment processes. The manager also stated that she was introducing a system for obtaining feedback from service users and their representatives, in addition to the comments included in the monthly quality monitoring reports. This information would be used to produce an annual quality report.

Given the number of concerns identified during this inspection, the inspector was concerned that there was lack of appropriate governance and management oversight in relation to the quality of the agency. Further evidence reviewed during this inspection has brought into question the assurances provided by the responsible individual in March 2019 and their ability, skill and management oversight to comply with the legislation.

Following an enforcement decision meeting on 21 May 2020, a Notice of Proposal was issued to cancel the registration of the responsible individual. RQIA will consider any written representations the responsible individual makes within 28 days of service of this notice before taking a decision to adopt this proposal.

Areas of good practice

There were examples of good practice found during the inspection in relation to the templates the manager had developed for auditing the quality of the service, including care records and recruitment processes.

Areas for improvement

A Notice of Proposal was issued to cancel the registration of the responsible individual. Two areas for improvement were also made in relation to a written notification of absence of the registered manager and the submission of an application for the registration of the current acting manager.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Stanley Jasi, responsible individual and the 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 Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Going forward the agency will make sure that a robust recruitment process is followed in accordance with RQIA Regulation 13 (d) Making sure that full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3 as stated below.</p> <ol style="list-style-type: none"> 1. Name, address, date of birth and telephone number. 2. Name, address and telephone number of next of kin 3. Proof of identity, including a recent photograph. 4. Two written references, relating to the person, including a reference from the person’s present or most recent employer, if any. 5. Where the person has previously worked in a position which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why he ceased to work in that position. 6. Evidence of a satisfactory knowledge of the English language, where the person’s qualifications were obtained outside the United Kingdom. 7. Details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body. 8. A full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency. 9. Details of physical and mental health record, including immunisation status. 10. A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform. 11. Details of any professional indemnity insurance. 12. When Part V of the Police Act 1997 is commenced in Northern Ireland, either— <ol style="list-style-type: none"> (a) where a certificate is required for a purpose which is prescribed by regulations under section 113B of that Act, an enhanced criminal record certificate issued under that section; or (b) in any other case, a criminal record certificate issued under section 113A of that Act, and an application for either certificate shall be accompanied where applicable by an adult’s suitability statement

	<p>under section 113D of that Act.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (e) (f) (g)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he is registered in the relevant part of the NISCC register.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: According to Regulation 13 e, f, g. We will make sure that all the current and new agency staff will not commence work until they have registered in the relevant part of the NISCC register.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained and that they are at all times available for inspection at the agency premises by any person authorised by RQIA. This relates specifically to:</p> <ul style="list-style-type: none"> • An alphabetical index of domiciliary care workers supplied, or available for supply by the agency⁵, including any serial numbers assigned to them. • An alphabetical index of service users, including the full name, address and telephone number of each of them and any serial numbers assigned to them. • Details of each supply of a domiciliary care worker to a service user. • A detailed record of the prescribed services provided to each service user. <p>Ref: 6.3 and 6.4</p> <p>Response by registered person detailing the actions taken: In accordance with Regulation 21 (1) a system is now in place and the following records are now in place An alphabetical index of domiciliary care workers supplied or available for supply by the agency, including any numbers assigned to them An Alphabetical index of service users, including the full name, address and telephone number of each of them and any serial numbers assigned to them Details of each supply of domiciliary care worker to a service user. A detail record of the prescribed services provided to each service user These records will be available upon the request by any RQIA</p>

	representative
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<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) (b) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that a person-centred, holistic assessment of need has been completed by an appropriately qualified and experienced person, before the service to the service user commences (or, in exceptional circumstances, within 2 days). The assessment documents are dated and signed by the agency worker completing them or when they are received from the referring HSC Trust.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We have reviewed and update our Assessment of need form in accordance with RQIA Regulation 16 paragraph 1 sub paragraph (b) (1) to enable the assessor to conduct a comprehensive assessment when doing the initial assessment a reviewed and updated copy has been attached.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 15 (2) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall 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>Response by registered person detailing the actions taken: We have reviewed and update our care plans in accordance with RQIA Regulation 15 paragraph 2 b and c which states that the care plans should specify the service user's needs in respect of which prescribed services are to be provided and to specify how those need are to be met by te provision of prescribed services and a copy of a reviewed and updated care plans has been attached.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 21 (2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that a detailed record of the care and services provided to the service user is kept at the service user's home and that the record is kept up to date, in good order and in a secure manner. These records should be transferred to the agency in a timely manner, to facilitate quality monitoring, storage and inspection by any person authorised by RQIA.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We have reviewed and update our system in acordance with RQIA Regulation 21 (2) and going forward we are making sure that a detailed record of the care and services provided to the service user is kept at the service user's home and that the records is kept up to date, in good order and in a secure manner. We have also put a quality monitoring system in place, were by the care coordinator will complete a Weekly Quality Assurance Report and send to the office. See the note on the last part of our Daily Care Plans template.</p>
<p>Area for improvement 7</p>	<p>The registered provider shall appoint an individual with the necessary knowledge, skills and experience to manage the agency</p>

<p>Ref: Regulation 9 (1)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2020</p>	<p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: We are in the process of nominating a new registered manager and responsible person to manage the agency in accordance with RQIA Regulation 9 (1) Will update RQIA of this appointment within the stated time frame</p>
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<p>Area for improvement 8</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately upon receipt of the Quality Improvement Plan</p>	<p>Where the registered manager has been absent from the agency for a continuous period of 28 days or more, and the Regulation and Improvement Authority has not been given notice of the absence, the registered provider shall, without delay, give notice in writing to the Regulation and Improvement Authority of the absence, specifying the matters set out in paragraph (2)(a) to (e).</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: in accordance RQIA Regulation 27 (4) (b) A notice for the absence of the registered manager was given via the portal.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 21 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately upon receipt of the Quality Improvement Plan</p>	<p>The registered person shall submit to RQIA the details of all domiciliary care staff employed at the agency since the date of registration (04 April 2018). This should include the staff names, dates of birth, starting and leaving dates, AccessNI certificate number and date obtained, NISCC registration date. Ensure that this information is provided in a manner which protects personal data and is in accordance with legislation and GDPR regulations.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Staff details have been sent to RQIA via the portal</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the recruitment policy and procedure and ensure it complies with legislative requirements and DHSSPS guidance.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The recruitment policy has been reviewed and updated in accordance with DHSSPS guidelines 11.1. A copy has been attached via the portal</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.1</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure a staff induction policy and procedure is in place.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The induction policy has been reviewed and updated and a copy has been attached via portal.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.1</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a record is maintained in the agency of the structured orientation and induction completed by all newly appointed staff.</p> <p>Ref: 6.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2020</p>	<p>Response by registered person detailing the actions taken:</p> <p>We have reviewed and amended the way we deal with and handle our induction record system. Going forward we have adopted the NISCC framework and guidelines and each staff member will be provided with the NISCC Standards Work Book upon completion of their 3 day induction</p> <hr/> <p>The registered person shall ensure training is provided for the Adult Safeguarding Champion (ASC) at the appropriate level, as identified within the Northern Ireland Adult Safeguarding Partnership Training Strategy (2013)</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken:</p> <p>Due to the current situation of covid-19 we have not been able to find anywhere where we could register for the training of the Safeguarding champion. We have managed to access a lot of information on line that will guide us as to what is expected of a Safeguarding Champion.</p> <p>http://www.hscboard.hscni.net/download/PUBLICATIONS/safeguard-vulnerable-adults/niasp-publications/Adult-Safeguarding-Operational-Procedures.pdf</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that records are kept of all staff meetings which include:</p> <ul style="list-style-type: none"> • The date of all meetings; • The names of those attending; • Minutes of discussions; and • Any actions agreed. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>According to Standard 14. A system have been put in place to make sure that all records are kept of all staff meetings which includes.</p> <ul style="list-style-type: none"> . The date of all meetings, . The names of those attending, . Minutes of discussion, and . Any actions agreed

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



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