



Announced Follow-up Care Inspection Report 30 July 2020



Provident Healthcare NI Ltd

Type of Service: Domiciliary Care Agency
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Inspector: Nicola McCann

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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 provider 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 that employs four staff for the provision of a range of personal care services to people living in their own homes. Service users have a range of needs including dementia and elderly care needs. At the time of inspection there were three service users who each had direct payment arrangements in place.

3.0 Service details

Organisation/Registered Provider: Provident Healthcare NI Ltd	Registered Manager: None
Responsible Individual: Mr Stanley Jasi	
Person in charge at the time of inspection: Mr. Stanley Jasi	Date manager registered: Stanley Jasi - Acting – No application required.

4.0 Inspection summary

An announced inspection took place on 30 July 2020 from 09.45 to 17.15.

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.

Following an inspection on 09 March 2020 significant concerns were identified in relation to the quality of care and service delivered by Provident Healthcare NI Ltd. A Notice of Decision was issued on 30 June 2020 to impose one condition on the registration, namely to replace the responsible individual. This inspection sought to assess compliance achieved and the progress made in relation to improvement areas identified in the QIP at the last inspection.

Whilst two new registered person applications were submitted to RQIA on 29 July 2020, significant gaps in information to be submitted were identified. Further concerns were identified in relation to progress made against areas for improvement made at the previous inspection including, the agency's management arrangements, safe care provision, staff supervision and evidence of competency assessment following induction, record keeping, quality monitoring and governance processes. These are discussed further in section 6.2.

Following the inspection a meeting was held with the registered person and a decision was made to serve a Notice of Proposal to cancel the agency's registration. A Notice of Proposal to cancel registration was issued on 10 August 2020.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	8	5

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Stanley Jasi, registered person and acting manager, as part of the inspection process. The timescales for completion commence from the date of 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> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notice of Decision issued 30 June 2020
- RQIA Inspection Reports and Quality Improvements Plans (QIP) dated 09 March 2020 and 28 March 2019

The following records were examined and/or discussed during the inspection:

- staff duty records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff supervision records
- staff training records
- staff recruitment documentation
- three service user care records
- a sample of governance audits/records
- a sample of monthly monitoring reports
- RQIA registration certificate
- Service User's Guide
- Statement of Purpose

The inspector spoke with one family representative and with one staff member.

The inspector requested that the registered person place a "Have we missed you" card in a prominent position in the agency to allow service users and family members to give feedback to RQIA regarding the quality of service provision. RQIA information leaflets "How can I raise a concern about an independent health and social care service" were also provided. No feedback was received.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 09 March 2020

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: Second time To be completed by: With immediate effect	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.	Met
	Action taken as confirmed during the inspection: The inspection of four staff records confirmed the availability of requisite information as specified in Scheduled 3 for each of the staff listed as available for supply within the agency. No new staff had been recruited since the last inspection.	
Area for improvement 2 Ref: Regulation 13 (e)(f) (g) Stated: First time To be completed by: With immediate effect	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.	Met
	Action taken as confirmed during the inspection: The inspection confirmed that no new staff had been employed since the last inspection. Improvement to the agency's staff recruitment and induction processes identified registration with relevant regulatory bodies, including NISCC, prior to a worker commencing work. NISCC Registration status was validated for existing staff.	

<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> <p>An alphabetical index of domiciliary care workers supplied, or available for supply by the agency, including any serial numbers assigned to them.</p> <p>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.</p> <p>Details of each supply of a domiciliary care worker to a service user.</p> <p>A detailed record of the prescribed services provided to each service user.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspection validated an alphabetical list of staff available for supply and an alphabetical list of service users, including full name, address and telephone number. Service users however did not have a unique identification number and details of the supply of care workers were not recorded satisfactorily – information recorded was incomplete. The prescribed service provided was also unclear from the recordings with poor recording of the care to be delivered and the length of time the carer would be present with the service user.</p> <p>This area for improvement is stated for a second time in the QIP.</p>	<p>Partially met</p>
<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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspection identified that whilst the agency’s assessment template had been</p>	<p>Not met</p>

	<p>revised since the last inspection no improvement had been made to the needs assessment records in place for service users. Information was recorded poorly and records lacked detail to explain how best to support the service user with identified care needs. Records were not individualised or person centred. Further detail can be found in 6.2.</p> <p>This area for improvement is stated for a second time in the QIP.</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>Action taken as confirmed during the inspection: Care plans reviewed during inspection did not reflect improvement since the last inspection. Further detail can be found in 6.2.</p> <p>This area for improvement is stated for a second time in the QIP.</p>	Not met
<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>Action taken as confirmed during the inspection: The record outlining the care and services provided to service users was not sufficiently detailed. The inspector was informed that the provider keeps a copy of each service users assessment, care plan, risk assessments and review record at the agency's office and a duplicate copy which is maintained at the service user's home, is updated as needed. The actual records held at service user's homes were not available for review on the date of inspection to verify that appropriately detailed records were in place to guide staff in</p>	Not met

	<p>the delivery of care.</p> <p>This area for improvement is stated for a second time in the QIP.</p>	
<p>Area for improvement 7</p> <p>Ref: Regulation 9 (1)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>23 June 2020</p>	<p>The registered provider shall appoint an individual with the necessary knowledge, skills and experience to manage the agency.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed receipt of applications for registered person and registered manager positions. Applications were submitted to RQIA 29 July 2020. On assessment, significant gaps in the information required for registration were identified. Consequently the responsible individual has not been replaced nor has a suitable manager been appointed.</p> <p>This area for improvement is stated for a second time in the QIP.</p>	<p>Not met</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered person confirmed to the inspector this was completed via the portal. RQIA records validated the notification had been received.</p>	<p>Met</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 21 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>Immediately upon receipt of the Quality</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, Access NI 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</p>	

Improvement Plan	regulations.	Met
	<p>Action taken as confirmed during the inspection: All requested staff information was submitted to RQIA. RQIA records were checked as part of this inspection.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 11.1 Stated: Second time To be completed by: With immediate effect</p>	The registered person shall review the recruitment policy and procedure and ensure it complies with legislative requirements and DHSSPS guidance.	Met
	<p>Action taken as confirmed during the inspection: Following the last inspection a revised copy of the agency's recruitment policy had been submitted to RQIA for review by the inspector to ensure compliance with legislative requirements and DHSSPS guidance.</p>	
<p>Area for improvement 2 Ref: Standard 9.1 Stated: Second time To be completed by: With immediate effect</p>	The registered person shall ensure a staff induction policy and procedure is in place.	Met
	<p>Action taken as confirmed during the inspection: The inspection validated the availability of a revised induction process which reflected the requirements within the regulations.</p>	
<p>Area for improvement 3 Ref: Standard 12.1 Stated: Second time To be completed by: With immediate effect</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.	Met
	<p>Action taken as confirmed during the inspection: No new staff were appointed to the agency since the last inspection. Inspector was satisfied there is now a clear process in place and existing staff had completed relevant training appropriately.</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>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> <hr/> <p>Action taken as confirmed during the inspection: Due to the coronavirus pandemic the registered person has not been able to access training for the acting manager who had been tasked with the Adult Safeguarding champion role. More recently this individual resigned from the agency. The registered person offered assurance that upon appointment of a new registered manager Adult Safeguarding Champion training would be pursued.</p> <p>An area for improvement is stated for a second time in the QIP.</p>	<p>Not met</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. <hr/> <p>Action taken as confirmed during the inspection: The inspection confirmed no team meetings had been held since prior to the last inspection therefore this improvement area has not been met.</p> <p>An area for improvement is stated for a second time in the QIP.</p>	<p>Not met</p>

6.2 Inspection findings

Service user care / care records

Records reviewed did not adequately describe the service users' needs in respect of the prescribed services to be provided or how identified needs were to be met. Whilst a revised needs assessment template with user guidance had been developed since the last inspection, documentation recording assessed needs and care planning information for current service users had not improved.

A review of the records revealed that risk assessments had not been reviewed since March 2019 and there was no care review documentation available to assure the inspector that care had changed with the changing needs of service users. It was concerning to note that these deficiencies had previously been raised with the responsible individual following an announced inspection on 09 March 2020. During feedback the inspector explained to the responsible individual that the quality of the care plan is determined by the description of care to be delivered, which needs to be clear for staff to follow, sufficiently detailed, individualised and person centred. Incomplete service user care records have the potential to result in the delivery of unsafe care and service users' needs not being met. Poor care planning and inadequate guidance for staff also increases the risk to service users who may not experience care safely or in a manner that effectively meets their individual needs and preferences. The registered person advised that they were not aware that existing documentation for service users needed was to be revised following the last inspection. This was noted as a concern and a new area for improvement relating specifically to existing service user documentation was included in the QIP.

The inspector was informed that the provider keeps a copy of each service users assessment, care plan, risk assessments and review record at the agency's office and a duplicate copy which is maintained at the service user's home, is updated as needed. The actual records held at service user's homes were not available for review on the date of inspection to verify that appropriately detailed records were in place to guide staff in the delivery of care.

One family representative interviewed spoke highly of the care delivered and indicated their satisfaction with the level of regular contact with the manager. They said their relative 'loves the carers' and confirmed that they felt staff had a good understanding of their relative's needs. They noted that it is very easy to see, hear and get a feel for what is going on and never have they had any concern. This was reassuring to note.

Service Users Guide

The inspection identified that the Service User Guide was last reviewed on 01 February 2019. Details contained within the document were out of date. Furthermore, whilst the guide offered a clear description of three monthly reviews of service users' needs, this review frequency could not be evidenced within the records made available for inspection. The registered person acknowledged that the information recorded within the Service Users Guide needed to be updated.

The newly appointed manager advised that reviews were not always recorded. One sentence within the records was referenced indicating a change to the care arrangements in place. There was no reference to any other dates and the one sentence alone was inadequate. The inspector explained that the recording was poor and advised the registered person and manager on the standard of recording expected to offer assurance that a robust review of needs had taken place.

The manager was advised to ensure the service user guide is updated and re-issued to service users to reflect up to date, accurate information. An area for improvement is included in the QIP.

Staff

Well documented induction training, meaningful supervision and appraisal records were not available to evidence that staff competency, learning and development is assessed and assured.

Staff induction records consisted of a one day induction checklist which referenced a requirement of all staff to successfully complete and return a staff induction booklet within a four week timescale. The induction booklet shown to the inspector was the Northern Ireland Social Care Council (NISCC) Induction workbook. The registered person confirmed that none of the staff members employed had submitted these booklets yet the record had been signed off by a previous manager to verify the staff member's competency. Discussion with the registered person revealed that the record should not have been signed as the booklets had not been returned for verification and offered an assurance that submission of the booklets would be promptly followed up with relevant staff. With regards to the minimum duration of staff induction, the inspector was satisfied that the registered person had reviewed induction practice and arrangements were in place for all staff to undergo a minimum three day induction.

The inspector also highlighted their concern that records maintained in relation to staff induction were misleading and that this issue had not been identified through the agency's internal governance processes. A new area for improvement is included in the QIP.

From discussion with a staff member the inspector identified that whilst they felt happy in their role and well supported by management, inspection of staff supervision records highlighted a very limited level of recording that did not provide assurance that supervision offered a meaningful reflective opportunity for staff to discuss and develop their practice.

From review of the staff records available during inspection, the inspector concluded that the registered person has not shown they understand the importance of ensuring staff are competent and safe to deliver care and that they are supported to apply learning and knowledge appropriately.

Records specified in Schedule 4

Records specified in Schedule 4 were either unavailable or had not been completed to a satisfactory standard within the agency.

Whilst the inspection validated there was an alphabetical list of staff available for supply and an alphabetical list of service users, including full name, address and telephone number, service user documentation contained poor recording of the prescribed service, care to be delivered and the length of time the carer would be present with the service user. Times had not been logged on all staff rotas in relation to the specific period the visit was planned for or had taken place. These deficits which had been raised at the last inspection indicate a significant and sustained shortfall in monitoring service delivery and an absence of robust systems and processes necessary for ensuring the prescribed care is provided safely by a competent workforce and in line with the agreed care plan. A new area for improvement is included in the QIP.

Service users did not have a unique identification number allocated. The manager explained their view that due to the very small number of service users this had not been necessary. An explanation was provided in respect of reporting externally and the need to make provision for communicating information whilst protecting the identity of the service user. The registered person agreed to put an appropriate system in place.

Monthly monitoring and governance arrangements

The inspector was informed that 'call monitoring' checks are carried out on a monthly basis by telephone. It was evident from a review of the records that this monitoring activity was a tick box exercise and very limited or no qualitative information was collected each time the activity was carried out.

The inspector was also shown spot check records. The record reflected a closed list of questions with yes/ no answers recorded. There was no descriptive detail recorded and no apparent questioning style to ascertain if the care provided was delivered with compassion. During feedback the inspector explained the deficits within the records to the registered person who acknowledged the feedback as helpful and agreed to review the existing template to provide a more meaningful set of questions.

The inspection of monthly quality monitoring reports for April, May and June 2020 did not indicate any improvement had been made since the last inspection. Reports had little to no detail recorded and were not being used effectively to identify and improve service delivery or to improve operational systems and processes that support and drive forward service improvement.

The inspector was not assured from discussion with the registered person that an effective quality management process was being utilised and explained during feedback how this approach to quality monitoring indicates a lack of awareness in relation to the importance of effective governance processes. This was of concern as governance shortfalls may result in unsafe practices not being identified and addressed. An area for improvement is restated for a second time in the QIP.

Fitness of the registered person / registered manager

A Notice of Decision to replace the responsible individual was issued on 30 June 2020 following a meeting regarding the fitness of the responsible individual, namely Mr Stanley Jasi. On the date the Notice of Decision expired, two applications were received by RQIA. On assessment of the applications, significant gaps in the information required for registration were identified. Consequently the responsible individual has not been replaced and a suitable manager with the qualifications, skills and experience necessary to manage the agency has not been appointed.

Following the inspection RQIA held a meeting with the registered person explaining RQIA's concerns that the registered person has not been able to demonstrate the requisite competence and skills to robustly address the significant weaknesses identified within the agency, including the safe recruitment of persons eligible to apply for responsible person and registered manager positions. Lack of effective leadership presents a risk to service users as it is likely to impact on the agency's capability to operate safely.

Areas of good practice

Positive feedback provided by one staff member and one family representative was reassuring to note in relation to the quality of care provided and the experience of contact with managers. It was also positive to note that a focused attempt had been made to improve staff recruitment and induction practices following the last inspection. A clear desire to improve was evident from discussions held with the managers present on the date of this inspection.

Areas for improvement

Following this inspection a Notice of Proposal to cancel registration was issued to the registered person. Eight areas for improvement were stated for a second time in the QIP along with a further five areas identified for improvement from this inspection. The five new areas for improvement were in relation to reviewing the assessment of needs and care plans for each service user using the new assessment template, risk assessment, service user guide, staff rota and verification of staff competency following induction.

	Regulations	Standards
Number of areas for improvement	8	5

6.4 Conclusion

Whilst Provident Healthcare NI Ltd has made progress since the last inspection, the extent of the improvement made has been limited. The inspector was not assured that this agency can improve their performance sufficiently to achieve compliance with the regulations and the minimum standards.

Following the inspection, RQIA senior management held a meeting on 10 August 2020 and a decision was made to serve the registered person with a notice of proposal to cancel the agency's registration.

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, registered person, 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	
Area for improvement 1 Ref: Regulation 21(1) Stated: Second time To be completed by: With immediate effect	<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 agency, 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. <p>A detailed record of the prescribed services provided to each service user.</p> <p>Ref: 6.1</p>
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 9 (1) Stated: Second time To be completed by: 23 June 2020 (first time) 08 September 2020	<p>The registered provider shall appoint an individual with the necessary knowledge, skills and experience to manage the agency.</p> <p>Ref: 6.1</p>
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 16 (1) (b) (i) Stated: Second time To be completed by: Immediate from the date of the inspection	<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: 6.1</p>
	Response by registered person detailing the actions taken:

<p>Area for improvement 4</p> <p>Ref: Regulation 15 (2) (b) and (c)</p> <p>Stated: Second 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: 6.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (2)</p> <p>Stated: Second 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: 6.1</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 9 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 23 June 2020 (first time) 08 September 2020</p>	<p>The registered provider shall appoint an individual with the necessary knowledge, skills and experience to manage the agency.</p> <p>Ref: 6.1 and 6.2</p>
<p>Area for improvement 7</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 without further delay the needs of existing service users have their holistic needs re-assessed and a person-centred care plan developed and agreed with the involvement of the service user and their family representatives.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p>
	<p>Response by registered person detailing the actions taken:</p>
	<p>Response by registered person detailing the actions taken:</p>
	<p>Response by registered person detailing the actions taken:</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 7</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 the service users guide remains up to date. Where changes are necessary the service users guide should be reviewed, updated and reissued to service users, their representatives and RQIA.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken:</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 14</p> <p>Stated: Second time</p> <p>To be completed by: 09 June 2020 (first time) 08 September 2020</p>	<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: 6.1</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14</p> <p>Stated: Second 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: 6.1</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that robust risk assessment and risk management arrangements are in place. Risk assessments should be determined in line with each service users assessed needs and the outcome following each review should be appropriately recorded and communicated to relevant people.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken:</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure there is a clear and complete record that details the arrival and departure times of staff to the homes of service users. These times should be reflected within the individual service agreement and a copy of all hours delivered should be retained within the agency's office.</p> <p>Ref: 6.2</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>Response by registered person detailing the actions taken:</p> <hr/> <p>The registered person shall ensure all staff have their competency to carry out the duties of their role assessed and a record retained within the agency. The agency should ensure competency assessment reflects the NISCC Induction Standards.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken:</p>

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



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 [@RQIANews](https://twitter.com/RQIANews)