



Announced Enforcement Monitoring Inspection Report 30 July 2019



Corriewood Private Clinic Ltd – Croob Cottage

Type of Service: Domiciliary Care Agency
Address: 119 Clonvaraghan Road, Castlewellan, BT31 9LA
Tel No: 02843771412 Ext.1.
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

Corriewood Private Clinic Ltd, Croob Cottage is a domiciliary care agency, supported living type. The agency is situated within Seaconnell Private Village, located close to Castlewellan. The agency provides care and support to adults with learning difficulties and enduring mental health issues.

The agency aims to support service users to live as independently as possible. The agency's staff support service users with personal care, medication, meal preparation and other support tasks. Service users live in self-contained cottages; the agency's office is located separately from the homes of the service users. The care is commissioned by the Southern Health and Social care Trust (SHSCT).

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic Ltd Responsible Individual: Angela Eileen McKeever (acting)	Registered Manager: Justine Rush, Acting-no application required
Person in charge at the time of inspection: Angela Eileen McKeever	Date manager registered: No application required

4.0 Inspection summary

An announced enforcement monitoring inspection took place on 30 July 2019 from 9.30 to 16.50.

The 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.

The purpose of the inspection was to assess the level of compliance achieved by the agency regarding three Failure to Comply (FTC) notices issued to the registered person on 20 June 2019. The date for compliance with the FTC notices was 30 July 2019.

The Regulation and Quality Improvement Authority (RQIA) had completed an unannounced inspection on 6 June 2019 in response to concerns raised regarding governance and management arrangements within the agency, management of service users finances and staff registration with the Northern Ireland Social Care Council (NISCC).

The outcome of the inspection resulted in three FTC notices being issued.

FTC References: FTC000053, FTC000054, FTC000055

FTC000053: related to the lack of a robust and appropriate quality monitoring process.

FTC000054: related to the agency's failure to ensure that safe and robust recruitment practices were in place.

FTC000055: related to the lack of appropriate staff induction, supervision, and training.

In addition RQIA issued a Quality Improvement Plan (QIP) outlining a number of areas for improvement and additionally, in accordance with Regulation 23. (2)(3), the registered person was required to forward to RQIA until further notice, monthly reports of quality monitoring audits undertaken within the agency.

During the inspection evidence was provided to validate compliance with the three FTC notices.

Areas for improvement detailed in the QIP issued following the inspection on the 6 June 2019 were reviewed and assessment of compliance recorded as met or partially met.

Two of the areas for improvement detailed in the QIP, relating to Standard 13 and Standard 8 were not reviewed as part of this inspection and will be carried forward to the next care inspection. Further information is included in the QIP that forms part of this report.

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.

The inspector would like to thank the registered person, staff and a service user, for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2*

Details of the QIP were discussed with Angela McKeever, responsible individual, as part of the inspection process. The timescales for completion are detailed in the QIP.

*These include two areas for improvement identified during the inspection on 6 June 2019 not reviewed as part of this inspection and to be carried forward to the next care inspection.

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

5.0 How we inspect

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

- The inspection report and QIP for the inspection completed on 6 June 2019
- The agency's quality monitoring report for June 2019
- Information received by RQIA since the previous inspection
- The FTC notices: FTC000053, FTC000054, and FTC000055.

During the inspection the inspector met with Angela McKeever, responsible person and the acting manager, the organisation's financial controller and the operations manager. The inspector spoke to one service user.

The following records were examined during the inspection:

- Information relating to the three FTC notices issued on 20 June 2019
- Monthly quality monitoring reports for June and July 2019
- A range of the agency's finance records
- The agency's staff recruitment, induction, training and supervision records
- A number of service user agreements
- Information relating to staff registration with the relevant regulatory body
- Records of accidents, incidents and complaints.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 6 June 2019

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2019 (as outlined in failure to comply notice: FTC000054)</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers to all staff recruited, including care workers (agency staff) who are supplied, to work in the Croob Cottage, from other domiciliary care agencies.</p> <p>Ref: 6.2 and 6.4</p> <hr/> <p>Action taken as confirmed during the inspection: From recruitment records viewed it was identified that since the last inspection no domiciliary care worker had been supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters as specified in Schedule 3.</p> <p>In addition the agency has in place staff profiles for agency staff who are supplied, to work in the agency, from other domiciliary care agencies. The profiles were noted to contain appropriate information in respect of each of the matters as specified in Schedule 3.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: 30</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that— (2)The registered person shall ensure that each employee of the agency—</p>	Met

<p>July 2019 (as outlined in failure to comply notice: FTC000055</p>	<p>(a)receives training which are appropriate to the work he is to perform;</p> <p>This refers to all staff recruited, including care workers (agency staff) who are supplied, to work in the Croob Cottage, from other domiciliary care agencies.</p> <p>Ref: 6.4</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2019 (as outlined in failure to comply notice: FTC000055</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(4)each employee receives appropriate supervision.</p> <p>Ref: 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was noted from records viewed that the agency has developed a system for ensuring that staff receive appropriate supervision in accordance with the timescales detailed within their policy and procedures. It was noted that staff are required to receive supervision three times per year.</p> <p>It was identified that all staff have received supervision within the three months prior to the date of this inspection.</p> <p>The agency has developed a supervision plan to ensure that staff are informed of when supervision is due to be completed. Compliance with the timescales are outlined in</p>		

	<p>the procedures will be assessed monthly as part of the quality monitoring process.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (5)(a)</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2019 (as outlined in failure to comply notice: FTC000055)</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>This refers to all staff recruited, including care workers (agency staff) who are supplied, to work in the Croob Cottage, from other domiciliary care agencies.</p> <p>Ref: 6.2 and 6.4</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was identified from records viewed that all staff recently recruited, including care workers (agency staff) who are supplied, to work in Croob Cottage, from other domiciliary care agencies had been provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>A record of induction is retained by the agency; it clearly records the dates individual staff complete their induction.</p> <p>All current staff employed by the agency have completed a range of mandatory training updates in July 2019.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall ensure that a system is developed and maintained for ensuring that care workers are registered with the Northern Ireland Social Care Council in keeping with NISCC processes.</p> <p>Ref: 6.4</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was noted that the agency have developed a matrix for recording details of staff registration with NISCC. The information is to be reviewed</p>	<p>Met</p>

	<p>monthly by the manager.</p> <p>The inspector was satisfied that the agency has appropriate arrangements in place to ensure that staff who do not hold appropriate registration with NISCC are not supplied to work with service users.</p> <p>The registered person stated that all new staff will be required to become registered in accordance with the timescales determined by NISCC and that this will be monitored monthly by the manager.</p>	
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This relates specifically to the need for audits of accidents, incidents, behaviours to be undertaken; and the need for the manager to have oversight of the use of restrictive practices used within the service.</p> <p>Ref: 6.4</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was identified from records viewed and discussions with the manager that the agency have developed a more robust process for reviewing and auditing complaints, accidents and incidents on a monthly basis. The audits will form part of the agency’s quality monitoring process.</p> <p>The agency has developed a register to record the details of any practice deemed to be restrictive; it records who was involved in the process for agreeing the practice.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be completed by: To</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Ref: 6.7</p>	<p>Met</p>

<p>be completed by: 30 July 2019 (as outlined in failure to comply notice: FTC000053)</p>	<p>Action taken as confirmed during the inspection: From records viewed it was evidenced that the registered person has established a system for evaluating the quality of the services which the agency arranges to be provided. It was noted that quality monitoring audits will be completed monthly and a report produced.</p>	
<p>Area for improvement 8</p> <p>Ref: Regulation 23 (2)(a)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: To be completed by: 30 July 2019 (as outlined in failure to comply notice: FTC000053)</p>	<p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a)arranges the provision of good quality services for service users; (b)takes the views of service users and their representatives into account in deciding— (i)what services to offer to them, and (ii)the manner in which such services are to be provided; and (c)has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: The agency had forwarded the quality monitoring monthly report to RQIA for June 2019 as required.</p>	<p>Met</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 23 (4)</p> <p>Stated: First time</p> <p>To be completed by: To be completed by: 30 July 2019 (as outlined in failure to comply notice: FTC000053)</p>	<p>The registered person shall ensure that the monthly quality monitoring report also contains details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: It was identified that the monthly report of the agency's quality monitoring audits has been</p>	<p>Met</p>

	updated to include details of an action plan; this will be reviewed and actioned by manager.	
<p>Area for improvement 10</p> <p>Ref: Regulation 23 (2)(3)</p> <p>Stated: First time</p> <p>To be completed by: To be completed by: Immediately from the date of the inspection</p>	<p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a)arranges the provision of good quality services for service users;</p> <p>(b)takes the views of service users and their representatives into account in deciding—</p> <p>(i)what services to offer to them, and</p> <p>(ii)the manner in which such services are to be provided; and</p> <p>(c)has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3)The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>Ref: 6.7</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>As required prior to this inspection the registered person provided the report of the quality monitoring audit of the agency for June 2019 to RQIA. However to ensure that the system is maintained the registered person is required continue to submitted the reports to RQIA until further notice.</p> <p>This area for improvement was assessed as being met. However it is requested that the reports continue to be forwarded to RQIA on a monthly basis until further notice.</p>	
<p>Area for improvement 11</p> <p>Ref: Regulation 14 (d)</p>	The registered person shall ensure that the name on the bank account used for the deposit of monies on behalf of service users is amended to clearly reflect that the monies	Met

<p>Stated: First time</p> <p>To be completed by: To be completed by: 30 June 2019</p>	<p>belong to service users and not the organisation.</p> <p>Ref: 6.7</p>	
<p>Area for improvement 12</p> <p>Ref: Regulation 14 (c)</p> <p>Stated: First time</p> <p>To be completed by: To be completed by: 30 July 2019</p>	<p>Action taken as confirmed during the inspection:</p> <p>It was identified from information viewed during the inspection and correspondence received by RQIA following the inspection, that the name on the bank account used for the deposit of monies on behalf of service users has been amended to clearly reflect that the monies belong to service users and not the organisation.</p> <p>In addition the agency retains a detailed record of all monies held on behalf of the individual service users within the account.</p>	Met
<p>Area for improvement 13</p> <p>Ref: Regulation 14 (d)</p> <p>Stated: First time</p> <p>To be completed by: To be completed by: 07 June 2019</p>	<p>The registered person shall ensure that there is engagement with the relevant stakeholders to enable the commencement of use of the utility meters in situ at each service user's home, so that individualised bills can be received in future.</p> <p>Ref: 6.7</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified that utility meters are currently being installed in the homes of the service users and effective from 15 August 2019.</p>	
	<p>The registered person shall ensure that entries in service users' income and expenditure records are double signed and that any error on the records is clearly crossed through and initialed by the person making the entry.</p> <p>Ref: 6.7</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>From service user finance records viewed it was identified that income and expenditure records had been signed by two individuals and that any error on the records had been clearly crossed out and initialed by the persons making the entry.</p>	

	<p>It was noted that the finance records are routinely monitored and reviewed by the organisation’s financial controller and the operations manager.</p>	
<p>Area for improvement 14 Ref: Regulation 14 (d) Stated: First time To be completed by: To be completed by: 07 June 2019</p>	<p>The registered person shall ensure that persons making a deposit of cash are provided with a receipt. Best practice is for both the person making the deposit and the person receiving the deposit to sign the receipt. The duplicate should be retained by the service.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: It was identified that the agency has introduced a system whereby persons making a deposit of cash are provided with a receipt. Staff are required to record all deposits in a deposit book. It was noted that all receipts have two signatures and a copy is retained.</p>	<p>Met</p>
<p>Area for improvement 15 Ref: Regulation 14 (d) Stated: First time To be completed by: To be completed by: 30 June 2019</p>	<p>The registered person shall ensure that there is a regular reconciliation of the cash held on behalf of service users. Best practice is for two people to carry out, sign and date the reconciliation at least every quarter.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: It was identified from records viewed and discussions with the organisations financial controller that there is a daily reconciliation of the cash held on behalf of service users in the form of a purse account and that it is verified and signed by two staff. In addition the agency complete a monthly audit of the bank reconciliation.</p> <p>It was noted that the agency plans to implement a system where the manager will be required to audit the records retained relating to the cash held on behalf of service users on a monthly basis.</p>	<p>Met</p>

<p>Area for improvement 16</p> <p>Ref: Regulation 21 (2)</p> <p>Stated: First time</p> <p>To be completed by: To be completed by: 30 June 2019</p>	<p>The registered person shall ensure that the records for the two identified service users are no longer held in another service user's home.</p> <p>Ref: 6.7</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was identified that service user records are retained in their own homes or in the case of one service user who has expressed a preference for their records to be held at the agency office, rather than in their own home'.</p>	<p>Validation of compliance</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall ensure that all staff have appraisals in keeping with the agency's policies and procedures.</p> <p>Ref: 6.4</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Met</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>		<p>The registered person shall ensure that any changes in the service user's situation and issues relevant to the health and well-being of the service user are reported to the referring HSC Trust and keeps a record of such reporting with the agency's policies and procedures.</p> <p>Ref: 6.4</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was identified from records viewed and discussions with the registered person that the agency has developed a system for ensuring that changes in the service user's needs relevant to the health and well-being of the service user are reported to the relevant HSCT representative. A record is maintained of details of information forwarded.</p>		

<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall ensure that the service user agreement between the service user and the agency is provided in a format and language suitable for the service user and or his or her carer/representative.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: The agency has developed a service user agreement in an easy read /pictorial format.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection</p>	<p>The registered person shall ensure that where the service user is unable or chooses not to sign the service user agreement, this is recorded.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: It was noted from records viewed that the agency records if a service user is unable or chooses not to sign the service user agreement. It was noted that such documentation had been signed by a HSCT representative.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2019</p>	<p>The registered person shall ensure that service users' written agreements are appropriately personalised and reflect the particular financial arrangements in place within the service to appropriately support the individual service user. Agreements should contain at a minimum the information set out within standard 4.2.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: It was noted from records viewed that the agency have updated service users' written agreements to ensure that they are appropriately personalised and reflect the particular financial arrangements in place within the service to appropriately support the individual service user.</p>	<p>Met</p>

Area for improvement 6 Ref: Standard 8.12 Stated: First time To be completed by: 31 March 2020	The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process. Ref: 6.7	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

This inspection focused on the actions contained within the three FTC Notices issued on 20 June 2019.

FTC Ref: FTC000053

Notice of failure to comply with Regulation 23. of The Domiciliary Care Agencies Regulations (Northern Ireland), 2007.

Regulation 23 (1)(2)(a)(b)(c) and (4)

23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—

(a) arranges the provision of good quality services for service users;

(b) takes the views of service users and their representatives into account in deciding—

(i) what services to offer to them, and

(ii) the manner in which such services are to be provided; and

(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.

(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.

Action required to comply with regulations:

The registered person must establish and maintain a robust system for evaluating the quality of the services which the agency arranges to be provided.

The registered person must ensure that the views of service users and their representatives and feedback from trust professionals are taken into account as part of the monthly quality monitoring process.

The registered person must ensure that the monthly quality monitoring process responds to areas for improvement required by the Regulation and Quality Improvement Authority.

The registered person must ensure that the monthly quality monitoring report contains an action plan, which contains the details of the measures identified in order to improve the quality and delivery of the services provided.

The registered person must ensure that the action plan developed as part of the monthly quality monitoring report is followed up, to ensure that all identified actions have been completed.

Evidence was available to validate compliance with this notice.

The inspector reviewed the monthly monitoring reports completed by the registered person since the previous inspection. The contents of the reports were noted to be detailed and contained a summary of staffing arrangements and service user monitoring, compliments, complaints, accidents and incidents. The reports contained an action plan that evidenced how any issues arising had been addressed.

FTC Ref: FTC000054**Notice of failure to comply with Regulation 13. of The Domiciliary Care Agencies Regulations (Northern Ireland), 2007.****Regulation 13. –**

The registered manager shall ensure that no domiciliary care worker is supplied by the agency unless –

(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

Action required to comply with regulations:

The registered person must ensure that staff recruitment procedures are robust to ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.

The registered person must ensure that an audit is undertaken of staff recruitment records to ensure that any identified gaps are addressed in accordance with this regulation, the minimum standards and the agency's policies and procedures.

Evidence was available to validate compliance with this notice.

The inspector reviewed a number of recruitment records for staff recently employed by the agency and noted that the system was robust. Records viewed indicated that no domiciliary care worker had been supplied by the agency unless the required pre-employment information had been received and verified. The agency had completed an audit of the recruitment records of all staff and had taken actions to ensure that gaps had been addressed appropriately.

FTC Ref: FTC000055

Notice of failure to comply with Regulation 16. of The Domiciliary Care Agencies Regulations (Northern Ireland), 2007.

Regulation 16 (2)(a) (4) and (5)(a)

Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that— (2)The registered person shall ensure that each employee of the agency—

(a)receives training which are appropriate to the work he is to perform;

(4)The registered person shall ensure that each employee receives appropriate supervision.

(5)Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—

(a)a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days.

Action required to comply with regulations:

The registered person must ensure that all staff are provided with appropriately structured induction training lasting a minimum of three full working days.

The registered person must ensure that an audit of staff induction records is undertaken to ensure that any gaps in the provision of the required three days are addressed.

The registered person must ensure that an audit of staff supervision records is undertaken, and that a plan is developed to ensure that any identified gaps are addressed in accordance with the minimum standards and the agency’s policies and procedures.

The registered person must ensure that the methods of staff supervision are reviewed, to ensure they are appropriate for the work staff are to undertake.

The registered person must ensure that any staff, who have the responsibility of undertaking staff supervision are suitably trained to undertake their role.

The registered person must ensure that an audit of all staff training records is undertaken, and that a plan is developed to ensure that any identified gaps are addressed in accordance with this regulation, the minimum standards and the agency’s policies and procedures.

Evidence was available to validate compliance with this notice.

The agency had completed an audit of all staff induction, training and supervision records and developed plan for ensuring that identified gaps were appropriately addressed. The inspector reviewed a number of staff induction, supervision and training records and noted that the agency had implemented processes to ensure that all staff provided by the agency had received

appropriate induction, supervision and training to fulfil the requirements of their job roles. This was noted to include relief staff supplied from another domiciliary care agency. Staff who are required to supervise other staff within the agency have received appropriate training.

Areas for improvement identified during the last care as detailed in the QIP for the inspection completed on 6 June 2019 were reviewed as part of the inspection. Areas reviewed were assessed as met or partially met. Two of the areas for improvement were not reviewed as part of this inspection and will be carried forward to be reviewed at the next inspection.

During the inspection the inspector spoke to one service user; they indicated that they were happy with the care and support provided and stated that they could speak to staff at any time.

Areas for improvement

No additional areas for improvement were identified during the inspection; two areas for improvement were not reviewed and are carried forward to be reviewed at the next inspection.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

During this inspection evidence was available to validate full compliance with the three FTC notices issued on 20 June 2019.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angela McKeever, 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/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 13.5 Stated: First time To be completed by: Immediately from the date of the inspection	<p>The registered person shall ensure that all staff have appraisals in keeping with the agency's policies and procedures.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The registered person has completed a matrix and scheduled staff in for their appraisals in keeping within the agency's policy and procedure.</p>
Area for improvement 2 Ref: Standard 8.12 Stated: First time To be completed by: 31 March 2020	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The registered person shall ensure that the quality of services provided is evaluated annual - to include input from key stakeholders and any follow up action acted upon.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care