

Unannounced Care Inspection Report 1 June 2020



Top Class Healthcare

Type of Service: Domiciliary Care Agency
Address: 1a Bridge Street, Kilkeel, BT34 4AD
Tel No: 028 4176 1100
Inspector: Corrie Visser and Angela Graham

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

Top Class Healthcare is a domiciliary care agency providing care to five individuals within their own homes within the local area of Kilkeel and Newcastle. Services provided include personal care, meal provision and night sits. All packages of care are commissioned by the Southern Health and Social Care Trust (SHSCT).

3.0 Service details

Registered Provider: Top Class Healthcare Ltd Responsible Individual: Ms Acknowledge Ngwena	Registered Manager: Ms Acknowledge Ngwena
Person in charge at the time of inspection: Ms Acknowledge Ngwena	Date manager registered: 12/03/2019

4.0 Inspection summary

An unannounced inspection took place on 1 June 2020 from 10.30 to 17.30 hours.

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

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

RQIA received information from a whistleblower which raised concerns about the appropriate completion of service users' care plans, risk assessments and documentations which were alleged to have been signed by the responsible individual in advance of being completed and risk assessments were being provided to family members to complete. Concerns were also raised regarding calls requiring two care workers only being attended by one care worker with the family members requested to undertake moving and handling care and support tasks as the second carer. A further concern was reported that a care worker was being transported to care calls by a partner and on at least one occasion, a third party was in the vehicle which presents as a potential risk to vulnerable service users and breaches their right to confidential and human rights to privacy.

On the day of inspection, the agency was not in compliance with the required regulations. The inspectors found evidence to substantiate the reported concerns by the whistleblower and evidenced further concerns upon review of recruitment records.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA notified the responsible individual of the intention to issue five notices of failure to comply with regulations. A meeting was held via teleconference due to the Covid-19 pandemic on 11 June 2020 to discuss these matters.

The responsible individual from Top Class Healthcare outlined the actions that would be taken to address the concerns identified. RQIA were not sufficiently assured that the necessary

improvements to ensure full compliance with the regulations had been made as a number of areas required time to ensure that processes were fully embedded into practice. As a result five Failure to Comply notices (FTC Ref: FTC000096, FTC000097, FTC000098, FTC000099 and FTC000100) were issued under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. These related to the lack of oversight and governance by the responsible individual to ensure the appropriate pre-employment checks were completed on all members of staff, the lack of oversight, management and recording of complaints, the agency's failure to ensure the safety and protection of service users and the responsible individual's failure to ensure a robust analysis of the care being provided was being undertaken.

Two serious concerns were also raised during the meeting on 11 June 2020 with the responsible individual in relation to staffing. This related to the conduct of the care workers with service users as well as ensuring supervision was undertaken with each staff member as per the policy and procedures of the agency and induction training lasting a minimum of three days. The second serious concern was in regards to any complaint made to the agency. The agency has a duty under regulation 22 that a written record of any complaint is made and that the complaint is fully investigated with feedback provided to the complainant.

The responsible individual is required to submit a weekly action plan to RQIA detailing how the shortfalls in the regulations are being addressed and this commenced 15 June 2020.

The QIP from the previous inspection was not reviewed as this inspection focused on the whistleblower's information submitted to RQIA. The QIP will be carried over to a future inspection of the service. The previous inspection, report and QIP outlined breaches of one regulation and three standards during the pre-registration inspection on 21 November 2018 in relation to the statement of purpose, service user's guide and policies and procedures.

RQIA will continue to monitor and review the quality of service provided by the agency and may carry out further inspections to assess compliance with the regulations and minimum standards.

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	8	3

Inspection findings were discussed with Ms Acknowledge Ngwena, responsible individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the inspection. Five failure to comply notices were issued in relation to Regulation 11(1), Regulation 13(a) and (d), Regulation 14(a), (b), (d) and (e), Regulation 21(a) and (c) and Regulation 23 which refer to recruitment, monthly quality monitoring reports, lack of oversight of the responsible individual in to the operation of the agency, the quality of care being delivered to service users, complaints management and the completion and storage of service users' information. The responsible individual lacked oversight into the governance and operation of the agency.

RQIA was not given assurances by the responsible individual as to how these concerns would be rectified during the meeting on 11 June 2020.

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 pre-registration care inspection dated 21 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 November 2018.

5.0 How we inspect

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

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

Following the inspection, the inspectors spoke with seven staff members, four relatives and four professionals and their feedback is contained within the report.

6.0 The inspection

The most recent inspection of the agency was an unannounced care inspection.

This QIP will be validated by the care inspector at a future care inspection.

6.1 Review of areas for improvement from the last pre-registration care inspection dated 21 November 2018

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	The registered person shall ensure the statement of purpose is reviewed and includes the information listed in schedule 1 of the	Carried forward to a future care inspection
Ref: Regulation 5(1)		

Stated: First time	Domiciliary Care Agencies Regulations (Northern Ireland) 2007.	
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 2.2 Stated: First time	The registered person shall ensure the service user's guide is reviewed and includes the information listed in standard 2.2 of the Domiciliary Care Agencies Minimum Standards.	Carried forward to a future care inspection
	<p>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 a future care inspection.</p>	
Area for improvement 2 Ref: Standard 14.1 Stated: First time	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.	Carried forward to a future care inspection
	<p>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 a future care inspection.</p>	
Area for improvement 3 Ref: Standard 14.2 Stated: First time	The registered person shall ensure there are written procedures for safeguarding children and young people, consistent regional policies and procedures.	Carried forward to a future care inspection
	<p>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 a future care inspection.</p>	

6.3 Inspection findings

Information received from a whistleblower by the RQIA prior to this inspection raised concerns regarding the completion of service users' care plans, risk assessments and other documentation being signed prior to completion, as well as family members being asked to complete. Concerns were also raised in relation to double calls to service users being carried out by a single care worker and the family being asked to undertake care duties including moving and handling of the service user as a second carer. A further concern was raised in relation to a care worker being transported to service users' homes by a partner and on at least one occasion a third party was in the vehicle which presents a potential risk to vulnerable service users right to privacy.

The inspectors reviewed six full recruitment records and partial review of three recruitment records. It was evident that there were gaps in employment on four out of nine application forms which were not discussed during the agencies interview with the staff members. One employee declared a criminal offence which was not raised during interview or on the Access NI checklist. Another employee did not declare any criminal offences, however it was clear from the Access NI checklist that this employee did have previous offences, however again there was no evidence of further discussion by the responsible individual/registered manager in relation to this.

The inspectors noted that three members of staff commenced employment prior to their Access NI check being received by the service. One was received 11 days after commencement of employment; one was received five days after commencement of employment and the third 15 days after commencement of employment. The inspectors noted that an Access NI check was not applied for one member of staff however it was noted upon reviewing the staff records and staff roster that this member of staff provided care to service users and was also undertaking checks on staff within service users' homes. It is concerning to note that this employee has been working within the service for over a year.

The inspectors did not observe an induction record for four out of the nine staff files reviewed. The inspectors noted that one member of staff commenced employment on 4/9/2019 and the induction training dates were noted on the Shadow Record Forms and Return Demonstration Record as 13-15/4/2020, seven months after the commencement of employment.

The inspectors did not observe any shadowing induction records for two members of staff.

The inspectors also reviewed the references obtained for the staff members and concerns were raised that the previous employer was not contacted for a reference for three members of staff in accordance with regulation 13; and it was further noted that two employees commenced work before references were received. It was also noted that a staff member's contract was terminated in a previous agency however the inspectors did not observe that the responsible individual had attempted to ascertain the reasons for this from the previous employer, nor was it discussed with the member of staff during interview.

It was also found that an administrative worker was responsible for undertaking risk assessments, interviews, employment checks, supervisions, appraisals and care calls to service users. Upon reviewing this member of staff's recruitment file, there was no current Access NI check for Top Class Healthcare. A previous check undertaken in 2017 by a different provider was retained in the staff member's file. The inspectors also did not find any references which

were undertaken on this member of staff. Upon the inspector's request, the responsible individual forwarded references for this member of staff to the inspectors the day after the inspection however it was noted that neither reference was from the most recent employer. A signed contract was not available in the staff file, there was no evidence of training undertaken and interview notes were not available in the staff file. The inspectors discussed this matter with the responsible individual and she stated that she had interviewed the applicant and had "recorded interview notes in a notebook" and hadn't transferred them onto an interview record. The notebook was not available on the day of inspection. A gap in employment was noted on the application form from 2013 to 2017. There was no evidence available in the staff file to determine if this matter was explored with the applicant.

The responsible individual was advised that this member of staff should not be undertaking any care calls to services users until the Access NI check and references were in place.

Further concern was raised in relation to the interview process. It was not evident that any of the interviewers had completed training in interview skills which resulted in the interview notes being significantly brief.

The inspectors sought clarity from the responsible individual as to the names of staff members working in the service however there appeared to be a discrepancy from the recruitment files provided to the inspectors and following review of the staff roster. The responsible individual did not give the inspectors assurance as to who was employed by the agency.

The inspectors discussed the service users who currently have a care package with the service. The responsible individual advised that they are all commissioned by the SHSCT and they do not have any private service users. The inspectors were provided with only three files out of the five service users who receive services. It raised significant concern that one service user's file could not be found during the length of time the inspectors were on site (seven hours). This was discussed with the responsible individual who advised that the file was definitely in the office, but she was unable to retrieve it. This did not provide the inspectors with assurance that the service users' files were stored appropriately and raised concerns that there may be a breach of the General Data Protection Regulation (GDPR). The inspectors raised this with the responsible individual during the inspection and advised of the serious concerns in relation to this. It also concerned the inspectors that two members of staff had full access to the service users and staff information without Access NI checks being undertaken on the individual staff members concerned.

Part of the whistleblower's concerns related to a member of staff being transported by a partner to service user's homes. It was also reported that on at least one occasion, a third party was in the car. It also came to the inspectors' attention that a member of staff who had not gone through the recruitment process and had no Access NI check undertaken on them was also transporting members of staff to service users' homes. It was reported by the responsible individual that this staff member does not enter the homes of service users nor do they provide any level of care. The responsible individual reported to the inspectors that they were aware of these issues due to a service user's next of kin reporting it however this was not managed as a complaint. It further concerned the inspectors that the responsible individual had a limited understanding of confidentiality and of the service users' human rights to privacy. The inspectors were not given assurance by the responsible individual of her understanding of complaints as no written record was kept of any concerns raised by family members.

The inspectors were advised that the agency had not received any complaints. The responsible individual advised that a number of complaints had been made in relation to a staff member however a record had not been made of these matters or how they were managed/actions that were taken. This raised concern with the inspectors in relation to the governance of the agency as well as the responsible individual's lack of oversight and management of complaints.

The whistleblower also raised concerns in relation to care calls and on occasions a second care worker was not provided. The daily logs for the service users were requested during the inspection, however they were not provided. The inspectors could therefore not ascertain if the service users' needs were being met during calls. The inspectors reviewed the duty roster and it was evident that calls requiring two care workers were being undertaken by one carer. The responsible individual advised the inspectors that on these occasions, the second care worker had cancelled the shift without notice and the service user's family would assist. This would support the concerns raised by the whistleblower.

Further concern were raised that the responsible individual was known under several different names and upon reviewing the records during inspection, this was substantiated. This was discussed with the responsible individual and it was advised that the name provided to RQIA had to be used.

Following the inspection, the inspectors spoke with seven staff members, four relatives and four professionals.

From discussions with the service users and relatives two were positive in relation to the care being provided and no complaints or issues were raised.

Concerns were raised by two other relatives during discussions. One relative described the service as "a disheveled, unorganised mess and quite useless".

An overview of the concerns raised by the two relatives included:

- Poor management with the manager being very loud and opinionated (the inspectors were unsure as to the identity of the manager) and not always available to discuss concerns
- Poor complaints management.
- High staff turnover/non continuity of care.
- No advance notice of one care worker attending for a double run and care workers being late for calls.
- Unprofessional staff members – appearing unkempt, tired after working a night shift and engaging in inappropriate conversations.
- Requested package of care to be ceased by family member which was actioned by the SHSCT.
- Breach of confidentiality due to an unchecked member of staff and a partner of a care worker undertaking transport to service users' homes.
- Documentation in file signed by the agency's administrator however not discussed with family.
- Care records being removed from the family home and not returned for two days.
- Risk assessment not being completed at time of commencement of package.
- A care worker was reported to be rough in her delivery of care.
- Protective Personal Equipment (PPE) not being used appropriately.
- The responsible individual using three different names.

Staff members were generally positive about working for the company. Some comments raised concern in relation to induction structure and who undertook responsibility for the induction process. One staff member who has worked in the organisation for a few months had not had any form of supervision.

Three care workers who do banking hours for the organisation also work in different care settings including hospital, nursing/residential and supported living services. This practice would raise concerns in relation to Infection Prevention and Control (IPC) due to the current Covid-19 pandemic. This was discussed with the responsible individual who advised that this practice would not continue and there would not be a crossover of care workers providing care in different settings during the pandemic.

Care workers raised concerns in relation to long working hours. One reported they worked for a period of seven days for approximately two months without a break. Upon reviewing the roster, the inspectors noted that one care worker was providing four calls to one service user in one day along with the night sit from 11pm until 7am and the same care worker back out on the call at 8.30am the following day. The comments from the relatives about a staff member presenting as tired and disheveled related to this one care worker.

During a conversation one staff member described the recruitment process, reporting they did not fill out an application form and that they were asked to forward a copy of their CV via Facebook and an administrator contacted them by phone and asked a number of questions in relation to their home address, employment history etc. They then attended for interview that same day and were interviewed solely by an administrator.

Four professionals were contacted and a number of concerns were raised including:

- Family member being asked to be second carer on a number of occasions.
- Care workers are often late for calls and not staying for the full commissioned time.
- Care worker arrived from night shift to deliver a morning call, very tired.
- Care worker over involved as stated to a service user's wife the the prescribed medication was "too tough" for the service user.
- Care worker had not put on the service users continence product at night.
- Lack of continuity of care workers.
- Falsification of records – notes being ripped out of daily log, one care worker attending a double run, and the daily log being signed at different call.
- Breach of confidentiality in relation to a staff member's partner driving them to and from service users' homes.
- The responsible individual using four different names.

Due to the safeguarding concerns and contract compliance, the SHSCT suspended all new packages to Top Class Healthcare. The Trust also advised that a package of care to one service user ceased as of 3 June 2020.

The areas for improvement identified from this inspection are included in FTC Refs: FTC000096, FTC000097, FTC000098, FTC000099 and FTC000100. The responsible individual has a number of required actions outlined in the FTC notices to ensure compliance with the regulations which must be completed by 27 July 2020. The responsible individual must also submit a detailed weekly action plan to the inspectors commencing from 15 June 2020.

	Regulations	Standards
Total number of areas for improvement	8	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Acknowledge Ngwena, responsible individual as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 11(1)</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2020 (as outlined in failure to comply notice: FTC000096)</p>	<p>The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>This relates to the responsible individual having an oversight into the operation of the agency and maintains a monitoring system to ensure all procedures are followed to ensure the safety of the service users.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager is going to spend more time in the office not taking more shifts in nursing homes, monitoring staff, recruiting more staff daily, so that the agency won't be having problem with staff, organising their trainings, staff supervision, staff meetings. File auditing for staff. Answering all calls from the social services if there is any. The manager will be organising staff monitoring telephone calls regularly to make sure that everything is running smoothly. Also the manager will be conducting service users' telephone monitoring calls in order to check if they are any concerns caused by our staff. The manager will be carrying out some spot checks on staff to make sure that they go to work on time with their uniforms on ID badge and proper PPE on when they carry on their duties.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(a) and (d)</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2020 (as outlined in failure to comply notice: FTC000097)</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless:-</p> <p>(a) he is of integrity and good character; (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The manager is going to do a proper recruitment process, where 10 years employment history is going to be requested with no unexplained employment gaps, 2 references are going to be requested before they start their employment - employment reference and character reference, no work will be started before we receive their AccessNI and NISCC registered and NMC register to be checked for any restrictions.</p>
<p>Area for improvement 3</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that</p>

<p>Ref: Regulation 14(a), (b), (d) and (e)</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2020 (as outlined in failure to comply notice: FTC000098)</p>	<p>the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(a) so as to ensure the safety and well-being of service users; (b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes; (e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The agency is not going allow any staff to be driven by anyone who is not registered with the company. The agency is going to employ car drivers to cover all calls to the service users' homes for confidentiality purposes. The agency is going to address the carers that they must know their professional boundaries when visiting the service users' homes not to discuss inappropriate news with the service users because iis not acceptable. Service users' records are going to be kept safely in the lockable filing cabinet and will be made available when requested by RQIA during the inspection. The manager will be using the name which is registered with RQIA not her preferred names which might cause some confusion to staff and services users.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 21(a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2020 (as outlined in failure to comply notice: FTC000099)</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner; (c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Service Users' records will be kept in a lockable filing cabinet safely and ready for the inspections when they come to the office. One copy will be kept in the office and original copy will be at the service users' house.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 23(1), (2)(a), (b)(i) (ii), (c), (3), (4) and (5)</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2020 (as outlined in failure to comply notice: FTC000100)</p>	<p>(1) 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>(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-</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-</p> <p>(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 made 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>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This refers to the monthly quality monitoring reports which are required to be submitted to RQIA by the 5th day of every month until further notice. These reports are to contain a robust analysis of the operation of the agency.</p>

	<p>Ref 6.3</p> <p>Response by registered person detailing the actions taken: The manager will complete Monthly Quality Monitoring report and send to RQIA every month. Post inspection on the 1st of June, 2020, the Monthly Quality Monitoring report was compiled on the 19th of July 2020 and the next one will be done on 16th of August 2020 and then every of 5th of each month the report will be sent to RQIA. The manager will be assigned an independent registered manager from outside to monitor the every day running of the agency on monthly basis to make sure that the agency is operating at the RQIA's expectations as well as social services. The agency is going to provide well experienced and trained staff to the service users. The manager is going to engage an independent someone to do Monthly Quality Monitoring to make sure that the agency is running smoothly. The manager is going to carry risk assessment in each and every service users home on the admission day. If they are any problems the manager will report to the social worker. Manager's Service Users Monitoring telephone calls will be in use communicating their relatives, to check if they are any problems. Manager's staff Monitoring calls will be in use, The manager will do staff spot checks in order to check if they any short comings with our staff. The manager will be in touch with stalkholders to see if the service we are offering is running smoothly. New staff are going to be fully inducted for 3 days at the service users' house to make sure they know what they suppose to do. The manager is going to do some internal auditing of service users' daily notes when carers bring them to the office for filing to check if they are documenting properly at the end of every call. Staff file auditing will be done regularly.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16(1)(a), (3), (4), (5)(a)</p> <p>Stated: First time</p> <p>To be completed by: ongoing from the date of inspection of 1 June 2020</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 there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>The registered person shall take such steps as may be necessary to address any aspect of the performance of a domiciliary care worker which is found to be unsatisfactory.</p> <p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that a new domiciliary carer worker ("the new worker") is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Ref: 6.3</p>

	<p>Response by registered person detailing the actions taken: New staff members will receive 3 days field induction, shadowing other staff until that staff is confident to do the job. Staff who are experienced will be employed by the agency and full training and support will be given by the manager Staff supervisions will be carried out by the registered manager, and they must be 3 supervisions per year. Any staff who is not performing their duties properly, the manager will sit down with them and do a group supervision or single supervision, any topic will be chosen and discussed with the carers for example topics like catheter care or Personal hygiene etc.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 22(6), (7), (8) and (9)</p> <p>Stated: First time</p> <p>To be completed by: ongoing from the date of inspection of 1 June 2020</p>	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>The registered person shall, within a period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p> <p>The registered person shall supply to the Regulation and Improvement Authority at its request a statement containing a summary of the complaints made during the preceding twelve months ending on the date of the request and the action taken in response.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All complaints will be dealt with thoroughly, complaints forms will be completed and filed in the office. The one who raise a complaint will be informed that full investigation will take place within a short space of time until the manager finds the problem and the complainant will be fully addressed. RQIA will be informed of the complaint if necessary by completing an incident form on RQIA Web Portal.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement</p>	<p>The registered person shall ensure the statement of purpose is reviewed and includes the information listed in schedule 1 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to a future care inspection.</p> <p>Ref: 6.0</p>

Plan	<p>Response by registered person detailing the actions taken: Statement of Purpose is available to RQIA inspectors upon request, it can be sent by email or shown to the inspectors during the agency inspection.</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 2.2</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure the service user's guide is reviewed and includes the information listed in standard 2.2 of the Domiciliary Care Agencies Minimum Standards.</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 a future care inspection.</p> <p>Ref: 6.0</p> <p>Response by registered person detailing the actions taken: Service User's Guide is available to RQIA inspectors upon request, it can be sent by email or shown to the inspectors during the agency inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional 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 a future care inspection.</p> <p>Ref: 6.0</p> <p>Response by registered person detailing the actions taken: Adult Safeguarding Police and Produce is available to RQIA inspectors upon request, it can be sent by email or shown to the inspectors during the agency inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure there are written procedures for safeguarding children and young people, consistent regional 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 a future care inspection.</p> <p>Ref: 6.0</p> <p>Response by registered person detailing the actions taken: Children Safeguarding Police and Procedure is available to RQIA inspectors upon request, it can be sent by email or shown to the</p>

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