Inspection Report

11 June 2024

Complete Homecare 24

Type of service: Domiciliary Care Agency
Address: Unit 1 Annesborough Industrial Park, 27a Annesborough Road, Lurgan, Co. Armagh, BT67 9JD
Telephone number: 028 3856 2190

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Complete Home Care 24 Ltd **Responsible Individual:** Mr Michael Austin	**Registered Manager:** Mrs Ciara Austin **Date registered:** Acting
Person in charge at the time of inspection: Mrs Ciara Austin; Roisin Austin, Chief Executive Officer (CEO) was also in attendance	
Brief description of the accommodation/how the service operates: Complete Homecare 24 is a Domiciliary Care Agency which provides a range of personal care and support to service users living in their own homes. The majority of the service users have care commissioned by the Northern Health and Social (HSC) Trust, with the remainder residing in the Southern HSC Trust and South Eastern HSC Trust areas and purchasing the care privately.	

2.0 Inspection summary

An unannounced inspection took place on 11 June 2024 between 9.40 a.m. and 5.20 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

During the inspection a number of concerns about the quality of care and service within Complete Homecare 24 were identified, specifically in regard to the managerial oversight and governance arrangements, selection and recruitment processes and the system for monitoring the quality of the service provided. In view of these concerns, RQIA invited the Responsible Individual to attend a Serious Concerns Meeting on 25 June 2024.

At this meeting, the Responsible Individual provided a full account of the actions they had taken and/or planned to take to achieve full compliance with the Regulations.

RQIA considered the information and decided to take no further action at this stage. RQIA will continue to monitor and review the quality of service provided in Complete Homecare 24 and may carry out an inspection to assess compliance with the Regulations. It should be noted that continued noncompliance may lead to further enforcement action.

Details of these matters and other areas for improvement identified during the inspection are included within the Quality Improvement Plan (QIP).

An area for improvement identified at the last inspection in regard to recruitment was assessed as not met and this has been stated for a second time.

Good practice was identified in relation to service user engagement.

We wish to thank the manager, service users, relatives and staff for their support and cooperation during the inspection process.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trusts.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

As part of the inspection process we spoke with a number of service users' relatives and staff.

The information provided indicated that they had no concerns in relation to the care and support provided by the agency.

Comments received included:

Service users' relatives' comments:

- "No concerns, great from the start. Always in communication with you. Once there was a mistake in the rota and they missed a call."
- "Good now, the timing was not good for a while but they have it all sorted now. I phoned in and told them and they got it all sorted. Girls and the team leader are very good and pass things on. Very good to (Service User) and she is fond of them. If they are going to be late they ring us. Team leader in nearly every week with the girls and guys."
- "No concerns. Last three months have been excellent, much better; times were not regular prior to this. Very understanding staff. Without the staff we would be lost; couldn't speak any more highly."

Staff comments:

- "Think the agency is good, no problems. Training is good; we get proper training. Everything is good. No concerns, happy with everything."
- "All good, can call into the office at any time. Find the manager very approachable. Been with my clients a long time and that is good as I get to know them well."
- "Really enjoy it, was relief and now permanent in the last year or so. Training good initially and annual updates. I am the point of contact for staff, not a manager more like a team leader."
- "Love working for the agency, when I started I got three full days training and shadowing. We get training all the time. Love the service users and love the company. I have no concerns; we have enough times for the calls. I get supervision."

No questionnaires were returned prior to the issuing of this report.

There were no responses to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 28 September 2023 by a care inspector. A QIP was issued; this was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 28th September 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 & Schedule 3 **Stated:** First time **To be completed from the date of inspection:**	13. The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in **Schedule 3.** SCHEDULE 3 Regulation 13 INFORMATION AND DOCUMENTS REQUIRED IN RESPECT OF DOMICILIARY CARE WORKERS 1. Name, address, date of birth and telephone number. 2. Name, address and telephone number of next of kin 3. Proof of identity, including a recent photograph. 4. Two written references, relating to the person, including a reference from the person's present or most recent employer, if any. 5. Where the person has previously worked in a position which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why he ceased to work in that position. 6. Evidence of a satisfactory knowledge of the English language, where the person's qualifications were obtained outside the United Kingdom. 7. Details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body. 8. A full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency. 9. Details of physical and mental health record, including immunisation status. 10. A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform. 11. Details of any professional indemnity insurance. 12. When Part V of the Police Act	**Not met**

	1997 is commenced in Northern Ireland, either— (a) where a certificate is required for a purpose which is prescribed by regulations under section 113B of that Act, an enhanced criminal record certificate issued under that section; or (b) in any other case, a criminal record certificate issued under section 113A of that Act, and an application for either certificate shall be accompanied where applicable by an adult's suitability statement under section 113D of that Act	
	Action taken as confirmed during the inspection: This area for improvement was assessed as not met and will be stated for a second time.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. It was identified that the CEO was the Adult Safeguarding Champion (ASC) for the agency and that they had not completed ASC training. It was also established that the manager was required to complete further training in regard to adult safeguarding. An area for improvement has been identified.

We were advised that an Adult Safeguarding Position Report had not been completed for the agency. An area for improvement has been identified.

From records reviewed and discussion with the manager, it was identified that the process for managing adult safeguarding matters needed to be further developed to ensure that information is available and contains details of actions taken and outcomes of referrals submitted. An area for improvement has been identified.

The organisation's adult safeguarding policy and procedures outlined the process for staff in reporting concerns.

Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice.

Staff were required to complete adult safeguarding training during induction and annually thereafter; it was identified that a number of staff needed to complete a training update. An area for improvement has been identified and is included in an area for improvement denoted below relating to staff training.

Service users' relatives who spoke with us said they had no concerns regarding the safety of their relative; they described how they could speak to the manager if they had any concerns about safety or the care being provided.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). Information in regard to incidents was retained electronically and there was a system for reporting incidents to the Northern HSC Trust for those service users in receipt of services commissioned services by that trust.

For service users who contract privately with the agency, the information relating to incidents was also retained electronically. This process, however, needed to be further developed to ensure effective oversight of all incidents that occur and to support the agency in identifying risks, trends and/or areas requiring improvement. An area for improvement has been identified.

There was a number of inconsistencies in regard to the information contained within the agency's staff register, the staff training records and the list of staff registered with the Northern Ireland Social Care Council (NISCC). There were a number of staff detailed within the NISCC list, but not on the staff register and vice versa.

It was noted that two separate electronic matrixes were used to record training completed by staff, and this information did not correspond with information provided on the staff index. This made it difficult to accurately ascertain what staff were currently employed and being supplied by the agency. In addition, there were limited assurances that the agency had robust systems for retaining information relating to staff supplied. An area for improvement has been identified.

The training manager advised that all care staff are required to complete annual training updates in a range of mandatory and other key areas. Training is provided either via an ELearning platform or face to face. From records reviewed it was noted that at least 12 staff were required to complete their annual training updates**.** An area for improvement has been identified.

Staff were provided with Moving and Handling training appropriate to the requirements of their role during their induction. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines; competency assessments had been completed. If an oral syringe was used to administer medicine to a service user, this was noted in the care records.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires

that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any taken on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental MCA.

The manager reported that none of the service users were subject to DoLS. Staff had completed appropriate DoLS training appropriate to their job roles during induction; it was identified that a number of staff were required to complete a training update. This area for improvement has been included in an area for improvement detailed above.

It was identified that there was a small number of practices deemed to be restrictive; information relating to these was retained within the individual service user's care records. It was noted that the agency does not retain a register of practices deemed to be restrictive; we discussed with the manager the benefits of developing a register to support them in regularly reviewing these practices with all relevant stakeholders.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care and that the agency had a process for consulting with them and their relatives in regards to the quality of the services being provided. Some comments received included:

- "All girls are good with mum."
- "No problems, happy with everything."
- "Some staff could do with more training."

The manager discussed the actions taken to address comments received in regard to the quality of the service provided; we advised that details of any actions taken should be clearly recorded.

The service users' care plans which are retained electronically contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and there was evidence that service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff are required to complete training in Dysphagia on an annual basis; from records reviewed it was identified that a number of staff were required to complete a training update. An area for improvement has been identified and is included into the area for improvement described in Section 5.2.1.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. From records reviewed it was noted that the care plan for one service user had not been updated following a recent change in the SALT recommendations. This was discussed with the manager and actioned immediately.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of governance records alongside discussion with the manager evidenced that selection and recruitment processes were insufficiently robust; for instance, there was a lack of evidence that the manager and/or the Responsible Individual had effective oversight of all aspects of this process, including the reviewing of any applications or pre-employment checks completed for staff employed.

Selection and recruitment checklists did not accurately reflect the date staff commenced employment or the dates that pre-employment checks had been completed. There was no evidence that the manager had reviewed and verified this information. A number of records reviewed did not have medical information/declarations.

The process for completing AccessNI checks was managed through a third party organisation. While there was evidence that AccessNI checks had been requested for staff employed by the agency, it was not always apparent that the outcome of these checks had been confirmed by the agency prior to these staff commencing employment.

The application forms used for the selection and recruitment of staff were found to be in need of revision to ensure they contained all the information required in Regulation. Additionally, it was found that managerial staff had not critically reviewed applicants' work histories, explored gaps in their employment and ensured that relevant references were obtained.

In the case of one individual, the time from initial application to commencement of employment was insufficient to adequately complete all required checks. The checklist for another staff member was signed off on the same date as the application form, and before required checks had been completed.

There were also a number of differing versions of recruitment checklists currently being used by the agency.

These aforementioned deficits in regard to the selection and recruitment of staff have the potential to place service users at risk of harm.

An area for improvement was identified in regard to recruitment; this is specified within the area for improvement recorded at the last inspection which has been assessed as not met and has been stated for a second time.

It was not clear from the information provided that the agency had an effective and robust system in place for ensuring that staff were appropriately registered with NISCC; some staff were not correctly registered and the manager did not have complete oversight of the process for ensuring all staff were appropriately registered with their professional body.

A member of the agency's administrative staff was responsible for checking the NISCC registration of staff on a monthly basis.
It could not be verified that such checks had been completed as planned, as the manager stated that details of checks completed were not retained.

For those staff who had previously been employed in a caring role and registered with NISCC, there was no evidence that the status of the registration had been checked as part of the recruitment process, or indeed following commencement of employment.

There was also a number of discrepancies between the agency's staff index and the NISCC registration list. The agency's NISCC registration list did not contain information in regard to at least six staff who were recorded on the agency's staff index.

It was identified that a large number of staff employed by the agency were not showing on the NISCC public facing register as being appropriately registered. The manager was unable to provide accurate details of start dates for all staff employed. In addition, the manager was unable to provide any further information about the reason for staff not being appropriately registered with NISCC, she did not have access to the NISCC portal to review or verify the information provided.

There was evidence that a staff member had provided care to a service user on one occasion whilst not being appropriately registered with NISCC. An area for improvement has been identified.

The manager advised that there were no volunteers within the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that induction training and shadowing shifts were provided to new staff employed. A record is retained of training and information provided.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

We reviewed the arrangements in place for monitoring the quality of the services provided. A review of the reports of the agency's quality monitoring established that the monitoring visits for the previous three months had all taken place on 11 June 2024, the date of the inspection.

A review of these quality monitoring reports evidenced that they lacked sufficient detail, for instance, there was no record of actions taken to address any identified risks or trends in regard to incidents, complaints, adult safeguarding, or the QIP previously issued by RQIA.

Discussion with the manager highlighted that they did not have effective oversight of or input into existing quality assurance processes so as to identify deficits and drive necessary improvements in a sustained manner.

RQIA was therefore not assured that the current monthly monitoring process was sufficiently robust and effective to support the manager with reviewing the quality of the service provided and in identifying risks, trends or areas requiring improvement, in a timely manner. An area for improvement has been identified.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was displayed appropriately along with current certificates of public and employers' liability insurance. It was identified that the address on the registration certificate was incorrect; the manager advised that they would submit a variation to RQIA in regard to the correct address details.

There was a system for managing complaints received; records provided during inspection indicated that three complaints had been received since the last inspection.

There was lack of evidence that the manager or Responsible Individual had clear oversight of the information. It was identified that the system required to be further developed to ensure that more comprehensive information is retained in regard to complaints, the actions taken and the outcomes, and also to support the agency in identifying trends and/or areas for improvement. An area for improvement has been identified.

The Statement of Purpose required updating with RQIA's contact details. The person in charge submitted the revised Statement of Purpose to RQIA within two weeks of the inspection.

During the inspection and at the meeting on 25 June 2024 we discussed the acting management arrangements which have been ongoing since 5 September 2023. RQIA was advised that the acting manager is in the process of completing the required qualification that would support them in applying to be registered as the manager of the agency. RQIA will keep this matter under review.

There was a system in place to ensure that records were retrieved from discontinued packages of care, in keeping with the agency's policies and procedures.

There was a policy to direct staff of the actions required should they be unable to gain access to the home of a service user. Staff confirmed that this is discussed as part of their induction.

Given the issues identified on inspection, there is lack of evidence that the Responsible Individual and manager have robust systems in place for managing the domiciliary care agency; inspection findings would indicate that there is lack of oversight and governance in regard to a number of key areas such as complaints, safeguarding and incidents. An area for improvement has been identified.

6.0 Quality Improvement Plan (QIP)/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 (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	4*	7

* the total number of areas for improvement includes one that has been stated for a second time.

The areas for improvement and details of the QIP were discussed with Mrs Ciara Austin and the CEO at the end of the inspection and with Mr Michael Austin, Responsible Individual, at the meeting on 25 June 2024. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 13. (a)(b)(c)(d), Schedule 3 **Stated:** Second time **To be completed by:** Immediate and ongoing from the date of inspection	13. The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in **Schedule 3.** SCHEDULE 3 Regulation 13 INFORMATION AND DOCUMENTS REQUIRED IN RESPECT OF DOMICILIARY CARE WORKERS 1. Name, address, date of birth and telephone number. 2. Name, address and telephone number of next of kin 3. Proof of identity, including a recent photograph. 4. Two written references, relating to the person, including a reference from the person's present or most recent employer, if any. 5. Where the person has previously worked in a position which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why he ceased to work in that position. 6. Evidence of a satisfactory knowledge of the English language, where the person's qualifications were obtained outside the United Kingdom. 7. Details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body. 8. A full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency. 9. Details of physical and mental health record, including immunisation status. 10. A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform. 11. Details of any professional indemnity insurance. 12. When Part V of the Police Act 1997 is commenced in Northern Ireland, either— (a) where a certificate is required for a purpose which is prescribed by regulations under section 113B of that Act, an enhanced criminal record certificate issued under that section; or (b) in any other case, a criminal record certificate issued under section 113A of that Act, and an application for either certificate shall be accompanied where applicable by an adult's suitability statement under section 113D of that Act A record should be retained of all recruitment information for staff including pre-employment checks completed; there should

	be evidence that this information has been reviewed and verified by the responsible individual and the manager. Ref: 5.1 & 5.2.4
	Response by registered person detailing the actions taken: Full audit of all recruitment processess undertaken. Retraining of essential staff to be completed where necessary. Full time recruitment officer to be hired. Full oversight of recruitment process and final sign off with satisfied compliance to be completed by both RM and RI. Files to be stored demonstratining full compliance and evidence of all aspects of regulatory requirements. Audit of selection of staff files to be undertaken by both RI and RM on an ad hoc and consistent basis.
Area for improvement 2 **Ref:** Regulation 13. (d) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that a system is developed and implemented to demonstrate robust oversight of the NISCC registrations of all care staff. The registered person shall ensure that all staff supplied are appropriately registered with NISCC as required. The registered person shall ensure that records relating to staff registrations with NISCC are up to date and accurate, and include details of all staff required to be registered. Ref 5.2.4
	Response by registered person detailing the actions taken: Daily matix updated regarding NISCC registration of all staff by RM. Company control over NISCC registration process to be introduced including payment to alleviate any issues. RM & RI sign off as per requlatory requirments regarding NISCC. Evidence to be included in staff files.
Area for improvement 3 **Ref:** Regulation 23. (1)	The registered person shall establish and maintain a robust system for evaluating the quality of the services which the agency arranges to be provided and a report produced on a monthly basis.

Stated: First time **To be completed by:** Immediate and ongoing from the date of inspection	The process should include the review of a range of key areas such as complaint, incidents, safeguarding and staffing arrangements including recruitment and training. The process should support the agency in identifying risks, trends and areas requiring improvement in a timely manner. An action plan should be developed and reviewed. Information included within the reports should be comprehensive and accurately reflect the matters reviewed. The registered person should ensure that they have effective oversight of and input into quality assurance process so as to identify deficits and drive necessary improvements in a sustained manner. This information should be provided to the manager. Ref: 5.2.6
	Response by registered person detailing the actions taken: QM to be completed before the end of each calendar month. One to one meeting by the RI with RM to ensure total transparancey of findings including areas for improvement and ongoing trends. Company baord oversight of QM report to be introduced with report by RI to the compnay board at first opportunity during board meeting after completion of report. Reports to be stored appropriately for full inspection.

Area for improvement 4 **Ref:** Regulation 11. (1)(2)(3) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	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. (2) If the registered provider is— (a) an individual, he shall undertake; (b) an organisation, it shall ensure that the responsible individual undertakes; or (c) a partnership, it shall ensure that one of the partners undertakes, from time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the agency. (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency. This relates specifically to registered person and the registered manager ensuring that they have effective oversight and governance of all aspects of the domiciliary care agency so as to identify deficits and drive necessary improvements in a sustained manner. Ref: 5.2.6
	Response by registered person detailing the actions taken: Training will continually be sought to enhance the competence and capability of both the RI and RM in ensuring effective and compliant operation of the agency. RM is nearing completing of level 5 qualification. Both RM and RI are inrtending to complete training in adult safeguarding in September. All and any further training that is deemed relevant and beneficial will be undertaken going forward.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 14.10 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the person identified as the Adult Safeguarding Champion undertakes relevant training in regard to the responsibilities of the role. In addition, the registered person shall ensure that the manager undertakes training in Adult Safeguarding relevant to the scope of their job role. Ref: 5.2.1
	Response by registered person detailing the actions taken: The RM, RI & Senior care coordinator will complete the adult safeguarding course in September.
Area for improvement 2 **Ref:** Standard 14 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that an Adult Safeguarding Position report is developed annually in accordance with regional guidance. The report should contain details of adult safeguarding matters occurring within the agency. Ref: 5.2.1
	Response by registered person detailing the actions taken: A full annual report regarding the above will be completed and readily available for inspection.
Area for improvement 3 **Ref:** Standard 14.7 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that written records are kept of all suspected, alleged or actual incidents of abuse and include details of referral information, investigations, the outcomes, any learning and actions taken by the agency. This process should include robust oversight and review by the registered person and the manager. Ref: 5.2.1
	Response by registered person detailing the actions taken: Full incident report completed and updated regulary with full oversight from the RM and RI with report readily available for inspection.

Area for improvement 4 **Ref:** Standard 8.16 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the system for managing incidents is further developed to ensure that information is retained in regard to the incident, the actions taken and any outcomes or learning. This information should be available for inspection. The registered person and the manager should have effective oversight of this information to support them in identifying risks, trends and areas requiring improvement. Ref: 5.2.1
	Response by registered person detailing the actions taken: Full incident and complaints reports completed and updated regulary with full oversight from RM and RI. Reports readily available for inspection. Trends and findings to form part of the monthly QM report and trends, ongoing issues, areas for improvement and key incidents reported to the company board at first opportunity.
Area for improvement 5 **Ref:** Standard 10.4 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with the legislative requirement. The information held on record should be accurate and up to date and available for inspection at all times. This relates, but is not limited to, records of staff supplied. Ref: 5.2.1
	Response by registered person detailing the actions taken: All files realting to staff, incidents, safeguarding and complaints are completed and updated regularly. Regular audits to be completed by both RM and RI. Full files and evidence of compliance to be readily available for inspection.
Area for improvement 6 **Ref:** Standard 12 **Stated:** First time **To be completed by:**	The registered person shall ensure that staff employed by the agency are suitably skilled and trained for the requirements and responsibilities of their job roles, and that all mandatory training requirements are met. A record should be retained, for each member of staff, of all training, including induction training, and any professional

Immediate and ongoing from the date of inspection	development activities undertaken by staff. This information should be accurate and up to date. Ref: 5.2.1 & 5.2.3
	Response by registered person detailing the actions taken: Staff files to be completed prior to any staff member introduced to care provision. Oversight of process to be responsibility of the RM and RI. Full files are audited regulary and are readily avaiable for inspection.

Area for improvement 7 **Ref:** Standard 15 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the system for managing complaints is further developed to ensure that more comprehensive information is retained in regards to complaints received, the actions taken and the outcomes. The process should include measures to support the agency in identifying trends and/or areas for improvement. The registered person shall ensure that a system is developed whereby they review information relating to complaints at least monthly in conjunction with the manager. Ref 5.2.6
	Response by registered person detailing the actions taken: Complaints file is completed and updated regularly. The complaints file is part of the regular monthly audit and any trends, ongoing issues and trends identified, discussed at senior management level and reported to the company board at first available opportunity. Complaints file and outcomes are readily available for inspection.

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

The Regulation and Quality Improvement Authority
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