



Unannounced Care Inspection Report 28 June 2018



Praxis Care Group

Domiciliary Care Agency/Supported Living
132 - 136 Thomas Street, Portadown, BT62 3AN
Tel no: 028 3833 1196
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

Praxis Care Group is a supported living type domiciliary care agency located in Portadown. The agency's aim is to provide care and support to meet the needs of people who live in individual flats, and a group setting. Under the direction of the acting manager staff are available to support tenants 24 hours per day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual(s): Andrew James Mayhew	Registered Manager: Niamh Nugent (registration pending)
Person in charge at the time of inspection: A manager from the organisation	Date manager registered: (registration pending)

4.0 Inspection summary

An unannounced inspection took place on 28 June 2018 from 09.30 to 16.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users and relevant stakeholders;
- Staff induction;
- Staff supervision and appraisal;
- Quality monitoring systems;
- Governance arrangements;
- Provision of care in an individualised manner;
- Service user engagement.

Three areas requiring improvement were identified, in relation to Regulation 13 (d) Schedule 3 and the information retained by the agency relating to domiciliary care workers; Standard 10.4 in relation to record keeping; and Standard 12.3 regarding staff training.

The comments of service users have been included within the 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 person in charge, service users, the Health and Social Care Trust (HSCT) representative and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 4 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 September 2017.

5.0 How we inspect

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

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Consultation with staff, service users and a HSCT representative
- Evaluation and feedback

During the inspection the inspector met with the person in charge, three service users, five staff and one HSCT representative

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Minutes of staff meetings
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal

- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A number of policies viewed prior to the inspection were noted to have been reviewed and updated in accordance with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; five questionnaires were returned to RQIA. Responses received indicated that service users and/or their relatives were very satisfied or satisfied that care provided was safe, effective and compassionate and that the agency was well led.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; one staff member responded. The response received indicated that the staff member was satisfied that safe care was provided.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 September 2017

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21(1)(c) Schedule 4.6 Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained , and that they are (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority. Schedule 4 6. Where the agency is acting otherwise than as an employment agency, the details of the training undertaken by all employees including, where applicable, induction training. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector viewed a number of staff induction records retained by the agency and found the information to be compliant with Regulation 21.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 9.5 Stated: First time	The registered person shall ensure that policies and procedures are subject to a systematic 3 yearly review, and that the registered person ratifies any revision to or the introduction of new policies and procedures. Ref: 6.4	Met
	Action taken as confirmed during the inspection: It was identified that the agency's Recruitment and Appraisal Policies as identified in the previous inspection had	

	been reviewed and updated.	
Area for improvement 2 Ref: Standard 13.5 Stated: First time	The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector viewed records relating to staff appraisals and noted that staff had received appraisal in accordance with the agency's policy.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The organisation's recruitment and selection policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The Human Resources (HR) department co-ordinates the recruitment process which includes input from the acting manager. The person in charge stated that confirmation is received by them in the form of an email indicating that all pre-employment checks have been satisfactorily completed. The person in charge stated that staff are not provided for work prior to the completion of pre-employment checks and induction.

It was identified that the agency does not currently have in place a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13 (d) Schedule 3. An area for improvement was identified.

The agency's induction policy details the induction programme provided to staff; it was noted that it was in excess of the three day timescale as outlined within the domiciliary care agencies regulations. Staff are required to complete initial induction during the first two weeks of employment and to shadow other staff employed by the agency. In addition staff are required to complete a comprehensive induction workbook. The expectation is that staff complete the organisation's full induction programme within the initial six months

of employment. Staff have a review of induction three monthly during their probationary period. Staff could describe the content of the induction provided which included shadowing other staff employed by the agency.

Records of staff induction retained by the agency were viewed; they included details of the information provided to staff during their induction period. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The person in charge described the process for ensuring that staff provided at short notice had the knowledge and skills for the roles. It was identified that staff provided at short notice are employees of the organisation.

Discussions with the person in charge and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. The inspector viewed the agency's staff rota information which is retained in a paper format and noted it reflected staffing levels as described by the person in charge. Staff stated that they currently had enough staff to meet the needs of the service users. The inspector noted that correction fluid had been used on a number of the staff rotas viewed; this was discussed with the person in charge and assurances provided that all staff would be reminded of good record keeping practices. An area for improvement was identified.

The agency has a process for managing staff registration status with Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. The person in charge stated that the registration status of staff is monitored on a monthly basis; they stated that staff would not be supplied for work if they are not appropriately registered. Staff were aware of the importance of ensuring that they remain appropriately registered.

The agency retains a list of staff, their contact details and next of kin details; this information can be accessed by the person in charge and team leaders if required.

The agency's supervision and appraisal policies outline the timescales and procedures to be followed. Staff are provided with a supervision contract detailing the frequency of supervision; the agency retains a record of staff supervision and appraisal. A supervision matrix is maintained by the person in charge. Records relating to three staff reviewed during inspection supported staff supervision and appraisal in accordance with the agency's policies.

The agency has an electronic system for recording training completed by staff; the person in charge and staff could describe the process for identifying training needs and for ensuring that training updates are completed as required. The inspector noted that staff were required to complete a range of mandatory training and in addition training specific to the individual needs of service users. Staff indicated that their training was good and that it had equipped them with the knowledge and skills for their job roles.

The inspector viewed the agency's staff training information; it indicated that a number of staff had not completed relevant mandatory training. However the person in charge stated that training updates had been completed and that details had not been updated onto the

system. The inspector viewed certificates for staff training completed and during the inspection the training records were updated and provided to the inspector for review. The updated record indicated that three staff were required to complete update fire training and medication competency. The person in charge discussed plans to ensure that this training would be prioritised. One area for improvement was identified.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC); the policy outlines their roles and key areas of responsibility.

Discussions with staff indicated that they had a clear understanding of the process for reporting adult safeguarding concerns. Staff are required to complete classroom based safeguarding training during their induction programme and two yearly updates thereafter. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

Service users could describe what to do if they had concerns in relation to their safety or the care they received. Service users had been provided with information in relation to adult protection and had received information in relation to personal safety from the Police Service for Northern Ireland (PSNI).

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. Discussions with the person in charge and records viewed evidenced that the agency has a process for recording details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge evidenced that the agency had acted in accordance with their policy and procedure in relation to adult safeguarding matters identified since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Service users are supported to participate in a monthly review of their care and support and in reviews involving their HSCT keyworker. The inspector viewed a range of risk assessments in place relating to individual service users. The agency has a restrictive practice register and risk assessments in place for practices deemed to be restrictive; these were noted to be reviewed monthly by the person completing the quality monitoring visit. The inspector discussed with the person in charge the need to ensure that documentation relating to restrictive practices is signed by all those involved in the decisions.

The agency's office accommodation is located in the same building as the home of a number of the service users and accessed from a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose.

Comments received during inspection process.

Service users' comments

- 'Staff are good.'
- 'I am happy here.'
- 'I see my keyworker every day.'
- 'Staff do their best for you.'
- 'Staff help me with my shopping and going for a walk.'
- 'Very happy here; staff are very good they help you.'
- 'I have no concerns or worries; I would speak to staff if I was worried.'

Staff comments

- 'I feel service users are safe.'
- 'Training is good and specific to the needs of the service users.'
- 'Supervision is good; a time to discuss issues.'
- 'Supervision is confidential.'
- 'If needed we can speak to the safeguarding champion in head office.'

HSCT representative's comments

- 'Very happy with the support people living here get.'
- 'Communication is good.'
- 'This would be my first port of call for hospital discharges.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision, appraisal and adult protection processes.

Areas for improvement

Three areas for improvement were identified during the inspection in relation to information retained for domiciliary care workers, record keeping and staff training.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's Information Governance, Records Management and Retention and Disposal policies outline the processes for the creation, storage, retention and disposal of records. It was positive to note the policies had recently been updated to include information in accordance with General Data Protection Regulation (GDPR) legislation. Agency staff had received training relating to record keeping and confidentiality during their induction programme and had recently completed GDPR training online.

Records viewed during the inspection were noted to be retained in accordance with legislation, standards and the organisational policy; they were retained securely.

Staff could describe the processes used for engaging service users in the care planning and review processes. Service users stated that staff supported them to contribute to their individual risk assessment and care planning processes. From a range of service user care records viewed it was noted that staff record daily the care and support provided and that care and support is reviewed on a monthly basis in conjunction with service users.

The agency has systems in place for monitoring, auditing and reviewing the effectiveness and quality of care provided to service users. It includes monthly visits by the Head of Service to audit and review the quality of the service and the development of a monthly report.

The inspector viewed a number of the agency's reports of monthly quality monitoring visits; records viewed indicated that the process is effective in identifying areas for improvement and that a detailed action plan is developed. The reports were noted to include comments from service users, staff, HSCT representatives and where appropriate service user representatives. The reports provide details of the review of the previous action plan, review of complaints, accidents, and incidents; including those reportable to RQIA. In addition safeguarding matters; staffing arrangements, training, care records, medication and financial management arrangements are monitored as part of the process.

It was noted that the agency requests that service users and relevant stakeholders participate in an annual survey; the outcomes are collated and an action plan developed to address any identified areas for improvement.

Comments received from 2018 Annual Survey

- 'I feel more independent over the last year.'
- 'I have been on two successful holiday and I am going on another.'
- 'Not so frightened of my mental illness as I used to be.'
- 'Good service; very helpful.'
- 'Staff are very good.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users, a HSCT representative and staff indicated that staff communicate effectively and appropriately with service users. Staff stated that the communication processes which include a daily staff handover were effective for ensuring that all staff were updated in relation to any changes in the needs of service users'.

The agency’s Service User Handbook includes details of service users’ right to fair treatment and information relating to advocacy services that service users can access if required.

Staff could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders. One HSCT representative who met with the inspector stated that staff communicate effectively with them.

The agency facilitates two weekly staff meetings and monthly team leader meetings. Service user meetings are facilitated monthly; the person in charge discussed the challenges of getting service users to attend and engage in the meeting. It was identified that a range of items are discussed at the meetings and included safety, complaints, record keeping, staffing arrangements, environmental issues incidents/accidents, GPDR legislation; NISCC registration and key policies and procedures. Records of service user meetings included details of decisions made by service users.

Comments received during inspection process.

Service users’ comments

- ‘I get on well with ****, we make our food together.’
- ‘Staff help me with my tablets, they are locked away in my room; this is safer for me.’

Staff comments

- ‘We have a good team.’
- ‘We get a handover twice daily; it is really useful.’
- ‘We have opportunity for further development such as QCF level 3.’
- ‘I feel we have enough staff; we have had a high turnover of staff.’

HSCT representative’s comments

- ‘Staff work well with us in supporting the service users.’
- ‘Staff follow the plans of care agreed.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s monitoring and auditing arrangements and communication and engagement with service users and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector assessed the agency's ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Staff had received training in relation to equality and confidentiality during their induction programme. Discussions with service users and staff, documentation viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. It was positive to note that the organisation has appointed a data protection officer to support the organisation's domiciliary care agencies in relation to meeting GDPR legislation. Staff have recently been provided with information relating to GDPR.

Service user care records viewed by the inspector contained information in relation to their individual needs, choices and preferences.

Discussions with staff and service users indicated that care and support is provided in a person centred manner; they discussed a range of methods used for effectively supporting service users in making informed choices. Service users stated that they are supported to be involved in discussions relating to their care and daily routines; they stated that staff treat them with respect and that they have choice in relation to their daily lives.

The inspector viewed a range of information provided to the service users by the agency in an alternative format. Complaints information provided to service users was noted to include details of RQIA and the Complaints Ombudsman. Staff could describe how they use the information to support service users to effectively engage in decisions about their care and support.

The inspector discussed with the person in charge arrangements in place relating to the equality of opportunity for service users and the importance of agency staff being aware of equality legislation, whilst recognising and responding to the diverse needs of individual service users, in a safe and effective manner.

The agency's Statement of Purpose and Service User Handbook contains information relating to equality legislation. Staff described the ways in which training has equipped them with knowledge and skills to engage with a diverse range of service users.

The agency has an equality policy. Discussions with the service users and staff highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user choice
- Adult Protection processes

- Equity of provision of care and support
- Provision of care in an individualised manner
- Individualised risk assessment processes.

Records viewed and discussions with staff indicated that the agency has systems to record comments made by service users and where appropriate their representatives. Records of service user meetings, care review meetings, keyworker meetings and reports of quality monitoring visits indicated processes in place for ongoing engagement with service users and where appropriate relevant stakeholders. Staff stated that contact with relatives can be limited due to the wishes of service users.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints process, care review meetings, keyworker review meetings and tenant meetings. The agency's monthly quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Observations made and discussions with staff and service users provided evidence that service users are encouraged to make choices regarding their daily routines and activities. Service users stated that staff are very helpful and willing to listen to them at any time.

Compliments received by the agency

HSCT representative's comments

- 'We are all in awe of the work you are doing.'

Service users' comments

- 'I feel listened to; can talk to staff in the office.'
- 'Staff care about us.'
- 'My CPN calls to see me.'

Staff comments

- 'Service users have choice.'
- 'Service users just want to be listened to, shown care and love and listened to.'
- 'We support service users to do lots of things; we support them as a group and on a one to one basis.'
- 'Service users will call in to the office daily for a chat.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care and the continuous effective engagement with service users and where appropriate relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection reviewed management and governance systems in place within the agency to meet the individual assessed needs of service users.

The agency is managed on a day to day basis by the acting manager, and a number of team leaders. Staff could describe the process for obtaining support including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically. Staff knew how to access policies and procedures. Policies and procedures viewed prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has processes in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of care provided to service users. Documentation viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. Processes include the provision of policies and procedures, monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, safeguarding referrals and incidents including those notifiable to RQIA. There was evidence of ongoing collaborative working with relevant stakeholders, including HSCT representatives.

The agency's complaints policy outlines the procedure for managing complaints; staff had a good understanding of the actions to be taken in the event of a complaint being received. It was identified that staff had receive complaints training during their induction programme. Service users who met with the inspector knew how to raise concerns; they stated that they can talk to staff at any time.

A record of complaints received is retained and that the outcomes are clearly recorded. From records viewed it was identified that the agency had received two complaints since the previous inspection; information provided indicated that the agency had acted in accordance with their policy in handling complaints. Complaints are audited on a monthly basis as part of the agency's quality monitoring process.

The agency has in place management and governance systems to monitor and improve the quality of the service; this includes the monthly quality monitoring process. The inspector viewed evidence which indicated appropriate staff recruitment, induction, supervision and appraisal. It was positive to note that the process had highlighted that staff training records were required to be updated to reflect training completed by staff.

The agency maintains a record of accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. It was positive to note that incidents are reviewed monthly as part of the agency’s quality monitoring process.

The organisational and management structure of the agency and lines of accountability are outlined in the Statement of Purpose. Staff had a clear understanding of the responsibilities of their job roles; service users knew who to talk to if they had a concern. Staff stated that senior staff are supportive and approachable. Staff described the benefits of the daily handover meeting; they stated that this process provided them with the opportunity to communicate and discuss any issues or concerns in relation to the care and support of service users.

On the date of inspection the RQIA certificate was noted to be displayed appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulation and Minimum Standards.

Comments received during inspection.

Staff comments

- ‘I feel supported in my role.’
- ‘The manager and team leaders are approachable.’
- ‘We report any concerns to the team leader.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements including the provision of policies and procedures, the quality monitoring process and the management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, 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 Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3 Stated: First time	The registered person shall ensure that no domiciliary worker is supplied by an agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. Ref: 6.4
To be completed by: Immediate from the date of inspection.	Response by registered person detailing the actions taken: There is a system that exists. I have since reviewed our internal processes with a view to ensuring the appropriate letter in relation

	to staff is in place going forward.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 10.4 Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure that information held on record is accurate, up-to-date and necessary.</p> <p>This relates specifically to the agency’s staff rota information</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager has reviewed past rotas and has identified that correction fluid had been used on a number of occasions. This issue will be raised with all staff at the next staff meeting where they will be reminded of good record keeping practices.</p>
Area for improvement 2 Ref: Standard 12.3 Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager has raised the importance of mandatory with all staff. It is planned to continually emphasise the need to keep mandatory training up-to-date at all future staff meetings and individual staff supervision.</p>

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



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