

Unannounced Care Inspection Report 25 June 2018



Brookhill House

Type of service: Domiciliary Care Agency
Address: 2 Lower New Mills Road, Coleraine, BT52 2JR
Tel no: 02870327917
Inspector: Joanne Faulkner

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

Brookhill House is a supported living type domiciliary care agency, located in Coleraine. The agency offers domiciliary care and housing support to service users who reside in individual flats.

The agency’s aim is to provide care and support to service users; this includes helping service users 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. Staff are available to support tenants 24 hours per day and each service user has an identified ‘key worker.’

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Apex Housing Association | Registered manager: Marion Tasker-Lynch |
| Responsible Individual(s): Gerald Kelly | |
| Person in charge at the time of inspection: Marion Tasker-Lynch | Date manager registered: application not yet submitted |

4.0 Inspection summary

An unannounced inspection took place on 25 June 2018 from 10.00 to 16.00.

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

The inspection determined 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, relatives and other relevant stakeholders
- Staff induction, training supervision and appraisal
- Quality monitoring systems
- Governance arrangements
- Provision of care in a person centred manner
- Service user involvement

This was supported through review of records at inspection and from feedback received from service users and staff on inspection.

Two areas for improvement was identified during the inspection in relation to record keeping and the service users' care plans.

The comments of service users have been included in the relevant report sections.

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 manager, service users and staff for their welcome, support and full co-operation throughout the inspection process.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 1 |

Details of the Quality Improvement Plan (QIP) were discussed with the manager, 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 24 April 2017

No further actions were required to be taken following the most recent inspection on 24 April 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
- 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 manager
- examination of records
- consultation with service users and staff
- evaluation and feedback

During the inspection the inspector met with the manager, 10 service users and three staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

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

Questionnaires were provided during the inspection for completion by service users and /or relatives; 10 questionnaires were returned to RQIA. Responses received indicated that service users and /or relatives were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Comments received on returned questionnaires:

- 'I am more than satisfied that I made the decision to come to Brookhill. I am happy here and could not be better cared for. I have nothing but praise for the staff they are brilliant.'
- 'Very content.'
- 'The staff are good in every way.'
- 'I am happy here and appreciate the good staff.'
- 'I feel very safe, most contented and extremely grateful to be in such a perfect environment.'
- 'The care my mother receives in Brookhill House is excellent. All staff are very caring, understanding and approachable.'
- 'I am here over four years it is just like a hotel in here. We have new seats in the lounge. They are first class. I go to shows and also the lodge hotel. They are all very good.'

At the request of the inspector, the manager 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; 11 responses were received. Responses received indicated that staff were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Comments received on returned survey:

- 'I think the service is excellent and our tenants are spoiled. Most tenants are happy. I find it is a very satisfactory environment to work in. Everyone is very friendly. Staff and tenants all get on very well together.'
- 'Brookhill is a fantastic place to work. The tenants are well supported in all aspects of their lives. Dignity, choice, privacy and all respected here. Five stars!!'
- 'Staff and tenants have a good relationship with each other and we treat them with respect and dignity at all times.'
- 'In our scheme we have a good relationship with our tenants and make sure we treat everyone as individuals and respect their human rights. We have an open door policy which means at any time anyone can approach us as staff if they have any concerns.'
- 'I enjoy my work in Brookhill I get great satisfaction from supporting our tenants ,'
- 'I very much enjoy working in Brookhill house, I feel our tenants are well listened to and we always strive to do our best by them, tenants know we are here to voice any concern or opinion they have and that they will be listened to.'
- 'I feel as a staff member my needs are met and I am always given the opportunity to achieve more training if required and if there is something I am unsure of I know I can come to my senior/ manager to ask for advice.'
- 'I have been a member of staff in Brookhill House for 11 years. I love working here, we have a great team here. We are a big family staff and tenants.'
- 'Brookhill is just like home from home. All tenants are treated with dignity and respect.'
- 'Brookhill is a lovely place to work and the tenants are really well looked after.'

In addition feedback received by the inspector during the course of the inspection is reflected throughout this report.

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 24 April 2017

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

6.2 Review of areas for improvement from the last care inspection dated 24 April 2017

There were no areas for improvement made as a result of the last care inspection.

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

The agency's recruitment policy details the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department. The manager stated that confirmation is received that all checks have been satisfactorily completed in the form of a checklist. The manager provided assurances that staff are not provided for work until all required checks have been satisfactorily completed.

It was identified that the agency did not have 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. This was discussed with the manager and the HR manager who stated that the organisation has now developed a proforma in relation to achieving full compliance with Regulation 13 (d) Schedule 3.

The agency's training and development policy outlines the induction programme provided to staff; it was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are required to attend induction training one day per week for a number of weeks and in addition are required to complete an induction

competency workbook and a number of shadowing shifts. The agency requires staff to sign that they have received the induction booklet; the expectation is that staff complete this induction workbook which is based on the Northern Ireland Social Care Council's (NISCC) standards within the initial six months of employment. Staff could describe the details of the induction provided which was noted to include a review of their induction three monthly during their probationary period.

It was identified that one new staff have been employed by the agency since the previous inspection. Records of individual staff induction retained by the agency were viewed; they contained details of the information provided to staff during their induction period.

Observations of and discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles. Staff are provided with a job description at the commencement of employment. The agency maintains a record for all staff detailing dates of induction, training and registration status with relevant regulatory bodies.

The process for ensuring that staff provided at short notice had the knowledge and skills for the job roles was discussed with the manager. The inspector viewed two staff profiles in place for relief staff and noted that they contained information in relation to the individuals pre-employment checks, training, experience, induction and registration status with the NISCC.

Discussions with the manager 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 assessed needs of individual service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the manager and staff. The rota information details the person in charge of each shift. The inspector noted that correction fluid had been used to make changes on two of the rotas viewed. This was discussed with the manager and is identified as an area for improvement.

The manager retains details of the registration status and expiry dates of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. Discussions with the manager and the HR manager provided assurances that the organisation has recently updated the process for monitoring registration status of staff to include the review of the registered managers' registration.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. Staff are provided with a supervision contract and a record of staff supervision and appraisal are maintained. The records of two staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff participate in developing individual development plans on an annual basis. Staff supervision and appraisal information viewed were noted to be retained in a well organised manner.

The agency has an electronic system for recording staff training; the manager and staff could describe the process for identifying training needs in conjunction with the organisation's training officer and their responsibility for ensuring that training updates are completed. Staff were required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. It was noted that the agency has recently introduced an E-Learning programme for staff and that staff are required to complete training on an identified areas each month.

The inspector viewed that the agency's staff training matrix, it was identified that three staff are due to complete updated training in medication administration; the manager provided evidence that this was booked for July 2018. Staff stated that their training was informative and had equipped them with the appropriate knowledge and skills for their role.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation's policy and procedures reflect information contained within the DOH policy and outlines the procedure for staff in reporting concerns.

The organisation has identified an Adult Safeguarding Champion (ASC) and a number of deputy ASC's; the policy outlines their roles and key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding. The inspector viewed a newsletter developed by the ASC in relation to adult safeguarding matters; it is planned to be produced three times per year.

Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns. Staff are required to complete safeguarding training during their induction programme and in addition an annual classroom based training update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

The agency has provided service users with information in relation to adult safeguarding and personal safety. Service users who spoke to the inspector could describe what they would do if they had any concerns in relation to their safety or the care they received. It was noted that relatives had been provided with information in relation to adult safeguarding at a recent family advocacy meeting.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. Discussions with the manager and records viewed evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that no referrals had been made by the agency 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. The agency's risk management policy outlines the process for assessing and reviewing risk. Service users are supported to participate in an annual review involving their HSCT keyworker if appropriate and that care plans are reviewed annually or as required. The inspector viewed a range of risk assessments in place relating to individual service users.

The agency's office accommodation is located within the same building as the homes of the service users and accessed from a shared entrance. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, records were stored securely and that PC's were password protected.

Comments received during inspection process.

Service users' comments

- “Very happy.”
- “Staff are brilliant they would do anything for you.”
- “I have no concerns; speak to XXXXXX if I am worried.”
- “Yes I feel safe, very safe indeed.”

Staff comments

- “We have a tight team; communication is good.”
- “The training is intense; very informative.”
- “Service users are safe, definitely.”
- “We have a great team.”
- “Service users can approach staff if worried.”

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection in relation to record keeping.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 1 |

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 data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised manner. One area for improvement was identified as detailed in section 6.4 in relation to the use of correction fluid. Staff receive training relating to record keeping and confidentiality during their induction programme.

Service users could describe how staff support them to be involved in the completion of their individual risk assessments and the development of their care plans. Staff could describe the processes used for encouraging and supporting service users to be engaged in the care planning and review processes. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. The inspector discussed with the manager the need to update care plans to include more detailed information in relation to the care to be provided. An areas for improvement was identified. It

was identified that a practice deemed to be restrictive in relation to one service user had recently been reviewed.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing bi-monthly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated, audited on a monthly basis by the manager and a monthly report developed and provided to the senior management team.

The inspector viewed the agency's quality monitoring reports and records of the visits completed by a senior manager. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

Comments recorded on quality monitoring reports

Staff comments

- "I really enjoy working here the morale is very good."

Service Users comments

- "I am very happy living in Brookhill House."
- "I am very content; the staff are very kind to me."
- "It is nice and quiet, I enjoy cups of tea."

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

The manager could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates quarterly service user and staff meetings; service users stated that they are encouraged to attend and provided with the opportunity to express their views and opinions on a range of matters. Minutes of service users meetings viewed indicated that service users had been provided with information in relation to meal choices, the complaints process and safeguarding. The minutes contain a number of comments made by service users in relations to their views and wishes.

It was identified that a range of standard items are discussed at all meetings, they include adult protection, complaints and health and safety. Additional training updates have been provided at a number of staff meetings. It was noted that staff are required to sign the minutes of staff meetings to indicate that they have read and understood the information.

The agency facilitates family advocacy meetings; one had taken place in February 2018 and it was good to note that feedback received was positive.

Comments received during inspection process.

Service users’ comments

- “Food is great they make you what you want.”
- “Everything is done with care and attention; I am very fussy and like things done well.”
- “Moved here three years ago and I have never looked back.”
- “Tenant’s meetings are great; you can say what you want.”
- “Lots going on; we go out on trips out.”

Staff comments

- “I love it here.”
- “We have a small team.”
- “We have a daily handover.”
- “Training is intense; it is good.”
- “Small number of relief staff used; we try to ensure that they are familiar to the scheme.”
- “Supervision and appraisal are good; they are worthwhile.”

Areas of good practice

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

Areas for improvement

One area for improvement were identified during the inspection in relation to service users care plans.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 1 | 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 inspection sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive training in relation to human rights, equality and confidentiality during their induction programme. Discussions with service users and staff, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding. The inspector noted that there was a relaxed, welcoming atmosphere in the agency.

Individual service user care records viewed contained information in relation to the life histories of service users and their needs, choices and preferences.

Staff could describe how they aim to provide the care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices. Service users who spoke to the inspector could describe how staff support them to be involved in decisions relating to their care, support and daily routines.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that the agency is required to produce equality reports on a quarterly basis and that staff had completed training on equality and diversity. The agency can provide a range of documentation for service users in an alternative format if required.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. The manager could describe how staff development and training enables staff to engage with a diverse range of service users.

Discussions with the service users, staff and the manager provided 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 involvement
- stakeholder involvement
- use of advocacy services
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Records viewed and discussions with staff indicated that the agency has effective systems in place to record comments made by service users and/or their representatives. Records of service user and care review meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate relevant stakeholders. It was good to note that service users participate in a bi-annual focus group facilitated by the organisation.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process; quality monitoring visits; care review meetings, service user meetings annual satisfaction survey and family advocacy meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

It was good to note that a number of positive comments from relatives had been recorded in the minutes of the family meeting held on 2 February 2018.

Comments

- "Staff are compassionate and caring towards my *****; I cannot thank you enough."
- "***** needs are complex; staff willing to support her in every way."

Observations made during the inspection and discussions with service users indicated that they are encouraged to make choices regarding their daily routines and activities. It was observed that service users could speak to staff at any time. The inspector visited service users in shared areas of their homes; it was good to note that service users appeared relaxed and comfortable.

Service users’ comments

- “Staff listen to me.”
- “We get choice; we can do what I want.”
- “I can do whatever I want; I can go out if I want.”
- “It is a wonderful place to live, I am so happy here.”
- “Couldn’t fault this place at all.”

Staff comments

- “Service users have choice.”
- “We listen to services user and act on their wishes.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective ongoing engagement with service users, their relatives and other relevant stakeholders with the aim of improving the quality of the service provided.

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 assessed needs of service users. The agency is managed on a day to day basis by the manager. Staff could describe the process for obtaining support and guidance at any time including out of hour 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 in an electronic format. A number of the organisation’s policies viewed both prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards. It was noted that the agency’s Disciplinary and Equality and Diversity policies had recently been reviewed and updated.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the manager and staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received training in relation to management of complaints during their induction programme. Service users could describe the process for raising concerns and indicated that they could speak to staff at any time. The agency maintains a proforma to record complaints received. It was noted from records viewed and discussions with the manager that the agency has received no complaints since the previous inspection. It was noted that complaints are audited on a monthly basis.

The agency has systems for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of policies and procedures, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector was presented with evidence of effective collaborative working relationships with relevant stakeholders.

Documentation viewed indicated that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The manager and staff could clearly describe the rationale for regularly reviewing the quality of the services provided.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a clear understanding of the responsibilities of their job roles; it was noted that staff had been provided with a job description at the commencement of employment. Service users knew who to talk to if they had a concern. Staff stated that the manager and senior staff are approachable and supportive; they could describe the procedure for obtaining support and guidance.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Comments received during inspection.

Staff comments

- "There is an open door here; the manager is very supportive."
- "I have no issues or concerns."
- "We are all supportive of each other; we have a great team."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including 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 manager 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

| | |
|--|--|
| <p>Area for improvement 1</p> <p>Ref: Regulation (2)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p> | <p>The registered person shall , after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, prepare or ensure that a written plan (“the service user plan”) is prepared which shall –</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: In consultation with the service user and her social worker it was agreed that the contract set up by the Northern Health and Social Care Trust would be removed from her support/care plan immediately. Risk assessment reviewed and service user agreed to only smoke i room designated for that purpose.</p> |

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

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|--|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 10.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p> | <p>The registered person shall ensure that the 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: All staff reminded of the importance of ensuring that the information held on record is accurate, up to date and necessary. Correction flu must never be used on any document. All correction fluid removed from the premises.</p> |

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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