

Unannounced Care Inspection Report 4 November 2019



Trust Domiciliary Service - Banbridge and Craigavon

Type of Service: Domiciliary Care Agency
**Address: Banbridge Health and Care Centre, Old Hospital Road,
Banbridge, BT32 3GN**
Tel No: 02840620465
Inspector: Kieran Murray

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

This is a domiciliary care agency which provides personal care and housing support to 1042 service users with physical health, children with disabilities, care of the elderly, learning disability, mental health and dementia needs within the Southern Health and Social Care Trust (SHSCT). Service users are supported by 480 staff.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin	Registered Manager: Mr Mel Byrne
Person in charge at the time of inspection: Mr Mel Byrne	Date manager registered: 22 April 2009

4.0 Inspection summary

An unannounced inspection took place on 4 November 2019 from 09.30 to 16.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

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 be seeking 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 choices and freedoms associated with any person living in their own home.

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 throughout the inspection in relation to staff recruitment and induction, supervision, knowledge skills framework (KSF), adult safeguarding, involvement of service users, collaborative working and staff registration with the Northern Ireland Social Care Council (NISCC). The care records were maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted the provision of care to the service users with dignity and respect and maximising their independence.

It was clear that the agency promotes the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

An area for improvement relating to restrictive practice identified at the previous inspection was assessed as not met and is stated for a second time.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1*	0

Details of the Quality Improvement Plan (QIP) were discussed with Mr Mel Byrne, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection. *This includes to an area for improvement stated for a second time.

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

4.2 Action/enforcement taken following the most recent care inspection dated 30 July 2018

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 July 2018.

5.0 How we inspect

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

- previous RQIA inspection report and quality improvement plan (QIP)
- notifications of incidents reported to RQIA
- all correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the manager and four staff and a District Nursing Sister of the community team.

Telephone contact was made with two service users and two relatives following the inspection.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to in the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; 12 responses were received, however only nine were fully completed and are included within the body of the report.

A number of responses from staff indicated that they were 'undecided,' 'unsatisfied' and 'very unsatisfied' in a number of areas as outlined in the body of the report. There were also a few comments made by staff on the responses. As there was no contact details recorded for staff, the inspector spoke to the manager on 19 November 2019 and discussed the feedback and comments received. The inspector has been assured by the manager that the response would be discussed with staff in the forum of a team meeting and a record retained of the discussion.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users and their representatives; three responses were returned within the timeframe for inclusion within this report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector discussed with the manager information received by RQIA from an anonymous source prior to the inspection. The matters raised related to concerns regarding consistency of staff and the knowledge and skills of staff providing the care. The caller expressed concerns that this could impact on the quality of care being delivered to her relative. RQIA agreed with the caller that the concerns could be discussed at the next planned inspection. The manager has assured RQIA that these concerns were acknowledged and that during monitoring visits the monitoring officer would be mindful of concerns raised while visiting service users and their relatives. The inspector could not substantiate the information received while on inspection.

Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met; one area has been stated for a second time.

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 30 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2) (a) Stated: First time	<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>(a) be consistent with any plan for the care of the service user prepared by an Health and Social Services or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>Ref: 6.4</p>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records in relation to restrictive practice and evidenced that a number of restrictive practices had not been fully assessed, planned or evaluated in line with policy and procedure.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.6 Stated: First time	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry. They are kept in a safe place in the service user's home, as agreed with the service user, or where appropriate his or her carer/representative.</p> <p>Ref: 6.5</p>	Met

	Action taken as confirmed during the inspection: The inspector reviewed a number of records on the day of the inspection and found that they were completed in keeping with policy and procedure.	
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6.2 Inspection findings

6.3 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 systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspector reviewed five personnel records relating to recently recruited staff. These records confirmed that the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. The inspector evidenced that a number of staff had been recruited via the SHSCT recruitment fayres.

Discussion with the manager confirmed that a record of the induction programme provided to staff is retained; the inspector viewed five individual staff induction records. These evidenced that staff received an induction lasting a minimum of three days which is in accordance with the timescales detailed within the regulations.

Discussions with the manager and staff on the day of inspection confirmed that the induction process was appropriate and provided them with the knowledge and skills to fulfil the requirements of their job role. Staff comments included: "I got a month shadowing." This practice supports the agency in ensuring that service users receive a service in which their dignity has been respected for example through introductions to new workers prior to service delivery.

The inspector reviewed the agency's training plans which indicated compliance with the Regulation and Minimum Standards and that staff had appropriate training to fulfil the duties of their role. There was evidence that staff have attended training additional to that outlined within the minimum Standards such as end of life, epilepsy, continence and communication training.

The inspector noted that all staff had received training on equality, good relations and human rights.

The inspector evidenced that supervisors in the agency had completed Deprivation of Liberty Safeguards (DOL'S) on-line training. The manager discussed the plans in place to ensure all staff complete training in relation to Deprivation of Liberty Safeguards (DOL'S) by 2 December 2019. This can be reviewed at the next inspection.

One staff member commented: "I got training before I started my job." It was good to note that staff provided positive feedback in regard to the agency's induction and training programme. The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

The inspector was advised by the service users and relatives consulted with, that they had no concerns regarding the safety of care being provided by the agency.

No issues regarding the care workers skills/knowledge were raised with the inspector by service users or relatives; examples of care provided included manual handling and working with someone with dementia. The service user and relatives consulted with confirmed that they could approach the care worker and office staff if they had any concerns. Examples of some of the comments made by service users and/or their relatives are listed below:

- "The girls do a good job."
- "I couldn't do without the service."

Discussions with the manager established that since the last inspection there were times that the agency had experienced difficulty ensuring that there was an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. During this time period, the manager advised the inspector that vacant shifts were covered by the agency's domiciliary care workers, trust domiciliary care agency as and when staff and the supervisory team. Rotas viewed by the inspector confirmed that staffing levels were currently adequate to meet the needs of service users and the agency.

Discussion with staff on the day of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. A review of a sample of rotas evidenced that they were effectively organised with individual times being allocated to service users. The rota information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service.

The inspector reviewed reporting and management of incidents occurring within the service. The manager maintained a record of all incidents and accidents which had been audited on a monthly basis by the monitoring officer. A review of a sample of records evidenced that, appropriate management of incidents and follow up actions, including liaison with service users' relatives and the SHSCT representatives was undertaken. Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk, the ability to balance risk with the wishes and human rights of individual service user and the importance of reporting any issues to the manager/management team in a timely manner. Staff commented: "Supervisors are very good and fair."

Discussions with the manager and a review of the agency's safeguarding policies in relation to adults and children established that the agency have embedded the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The manager demonstrated appropriate knowledge as to how to address matters if and when they are identified, to ensure the safety and wellbeing of service users/children and support appropriate protection planning and investigation. The agency had an Adult Safeguarding Champion (ASC) identified. There had been a number of adult safeguarding referrals made since the last care inspection. These

referrals were made appropriately in conjunction with the SHSCT as evidenced by the inspector.

Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and taking appropriate and timely action when service user's rights are at risk of being breached and maintaining safeguarding records. The inspector noted that staff had completed adult/children safeguarding training.

A discussion took place with the manager in relation to the ASC completing an adult safeguarding position report by 31 March 2020. This can be reviewed at the next inspection.

Staff demonstrated knowledge of how to escalate any concerns with respect to service users' wellbeing. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns about poor practice, and were confident of an appropriate management response. Discussions with staff evidenced that they were empowered to speak up about poor care through the management arrangements.

Staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had.

Staff confirmed that they felt care provided was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Of three questionnaire responses received from service users/relatives, all three indicated that they were 'very satisfied' that care was safe. Of nine completed survey responses received from staff three indicated that they were 'satisfied' that care was safe, four indicated that they were 'satisfied' that care was safe and two indicated that they were 'very unsatisfied' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose (2019) and Service User Guide (2019).

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements and the records were organised and clearly indexed.

The review of four care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant SHSCT representative, service users and relatives as appropriate.

The documentation evidenced a transparency between the agency and service users/relatives regarding any assessed care/support needs and expectations. Service users were enabled to exercise the maximum amount of choice and control as possible in the care planning in their commissioned individual care arrangements with the agency.

The manager and staff spoke confidently regarding positive risk taking and the benefits this can have on service user's self-esteem and emotional wellbeing and the appropriateness of liaising with the multi-disciplinary team to ensure that service users had access to the relevant information and support to make informed decisions.

Staff described the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice. The inspector noted that a number of restrictive practices were in place, however it was noted that a number of these restrictive practices had not been appropriately assessed, planned or reviewed. An area for improvement identified at the last care inspection has been made for the second time.

The manager spoke confidently about managing risks to service users' wellbeing while maintaining their human rights and that any intervention is the least restrictive possible.

The inspector was informed by service users and relatives consulted with they had in general no concerns regarding care workers' timekeeping. However, the service users and relatives informed the inspector that late calls had taken place but that the care workers had telephoned to explain why this had happened. Care provided was not felt to be rushed. Examples of some of the comments made by the service users or their relatives are listed below:

- "The girls fill in the folder every time they come into the house"
- "The staff know exactly what to do with my husband."

It was noted that the agency completed six monthly monitoring visits with service users/relatives. The records evidenced no concerns expressed by the service users/relatives during these monitoring visits. These visits identified that service users are valued as individuals, are listened to and that what is important to them is viewed as important by the

agency. The manager advised the inspector that agency is not always invited to SHSCT community team care reviews and if they are invited they do not typically receive a copy of the minutes of the review. However, the agency completes a yearly contribution to review form and submits to the SHCHT community teams as evidenced by the inspector.

The agency maintains daily records which were completed in line with policy and procedures.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The manager and staff described effective communication systems in use within the staff team to ensure that staff received information relevant to the care and support of service users. Staff consulted with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff confirmed they had effective access to the management team via telephone including out of hours support.

Staff comments:

- "I ask service users what they would like to eat."

No issues regarding communication between the service users, relatives and staff from the agency were raised with the inspector. The service users and relatives advised that home visits or phone calls have taken place and they had received a questionnaire from the agency, to obtain their views of the service.

The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

Of three questionnaire responses received from service users/relatives, all three indicated that they were 'very satisfied' that care was effective. Of nine completed survey responses received from staff one indicated that they were 'very satisfied' that care was effective, three indicated that they were 'satisfied' that care was effective, three indicated that they were 'undecided' that care was effective and two indicated that they were 'very unsatisfied' that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

Areas for improvement

An area for improvement was identified for the second time in relation to the recording of restrictive practices in the support/care plans.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care compassionate?

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

Discussions with the manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Staff identified the need to continually communicate with service users and staff were respectful of the fact they were working in service users' homes.

Staff spoke knowledgeably about the importance placed on recognising the individual needs of service users and how best to support each service user taking into account individual preferences. Staff comments included: "If a service user wanted something done differently, then I would respect that."

Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality was maintained and consent obtained at all times. Staff acknowledged that service users require varying degrees of support with their care needs, they described how independence is promoted but when assistance is required this support is provided discreetly.

All of the service users and relatives consulted with felt that care was compassionate. The service user and relatives advised that in general care workers treat them with dignity and respect. Examples of some of the comments made by the service users or their relatives are listed below:

- "One day XXXX had to go to the hospital and they were fussing around to make sure he was 'spick and span' before he left. "
- "I am given choice."
- "They treat us with respect and dignity."

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users.

Views of service users and relatives have been sought by the service through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by agency. This will promote the principle of partnership with the care staff and service user and emphasises the value placed on service users by the agency. Examples of some of the comments made by the service user or their relatives are listed below:

Of three questionnaire responses received from service users/relatives, all three indicated that they were 'very satisfied' that care was compassionate. Of nine completed survey responses received from staff two indicated that they were 'very satisfied' that care was compassionate, five indicated that they were 'satisfied' that care was compassionate and two indicated that they were 'very unsatisfied' that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency's ethos of encouraging feedback from service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure. In addition, discussion with manager confirmed that they had a good understanding of their role and responsibilities under the legislation. Feedback from staff evidenced that the manager fulfils their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. There was clear leadership provided by the manager and responsible person which resulted in a shared team culture, the focus of which was how they could do things better for service users.

The service users and relatives consulted with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the discussions. This evidenced that service users have access to clear and fair processes for getting their views heard and to raise and resolve concerns or complaints. Examples of some of the comments made by the service users or their relatives are listed below:

- "The supervisor calls to see me."
- "The service is well managed."

Examination of records indicated that a system to ensure that staff supervisions and KSF's are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and KSF in line with policy and procedure; records provided to the inspector confirmed this. The inspector also evidenced documentation in relation to direct observations carried out on staff in service users' homes.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales.

The manager demonstrated good awareness of the agency's complaints procedure. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints. A review of the agency's complaints records received since the last inspection evidenced that the agency had received a number of complaints which were managed appropriately and in accordance with their policy and procedure. The inspector noted that the records indicated that the complainants were satisfied with the outcomes.

It was positive to note that the agency had received a number of compliments via cards and emails from service users/relatives such as, "You all went above and beyond with your care of XXXX and from the bottom of our hearts, Thank You."

The manager and responsible person evidenced a commitment to driving improvement in the service through provision of a consistent staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

Discussion with the manager confirmed that staff meetings are planned on a monthly basis. Records reviewed by the inspector evidenced this.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as NISCC. Information regarding registration details and renewal dates are monitored by the registered manager. The manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated. The manager confirmed that all staff are currently registered or in the process of registering within expected timescales evidenced by the inspector.

There are robust, transparent systems in place to assess the quality of the service in relation to outcomes for people which includes feedback from people using the service and their representatives.

The inspector confirmed that monthly quality monitoring visit reports were available for review on the day of the inspection. Samples of reports evidenced consultation with service users, relatives, agency staff and SHSCT representatives. The records demonstrated a quality improvement focus and a monthly audit of the conduct of the agency, including an action plan agreed with timescales for completion.

The inspector noted and examined the following surveys/audits carried out by the agency, Service User and Staff Questionnaires 2018 with positive and negative feedback and action plans where appropriate. The manager shared the annual quality report 2018 which evidenced service user's and staff feedback with positive results and the audits carried out by the agency such as, training, shadowing, missed calls, direct observations and outcome of recruitment fayres.

The inspector shared the Department of Health's Homecare Experience Survey 2018, where the SHSCT's Domiciliary Care Services were awarded first place.

The manager informed the inspector that a 'Time for Task' report is carried out by the agency which will identify missed or late calls as well as during monitoring visits carried out by the monitoring officer.

The inspector discussed arrangements in place that relate 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. The manager advised that to date, the agency has not provided access to specific equality and diversity training. However, the importance of this was interwoven within all training and the supervision process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used effectively and with individual service user involvement to provide person centred care.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- disability awareness

The inspector discussed the recent changes the Northern Ireland Ambulance service (NIAS) had made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trust management team, as appropriate.

Of three questionnaire responses received from service users/relatives, all three indicated that they were 'very satisfied' that the service was well led. Of nine completed survey responses received from staff three indicated that they were 'very satisfied' that the service was well led, one indicated that they were 'satisfied' that the service was well led, two indicated that they were 'undecided' that the service was well led, one indicated that they were 'unsatisfied' that the service was well led and two indicated that they were 'very unsatisfied' that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the management of complaints.

Areas for improvement

No areas for improvement were identified in this domain 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 Mr Mel Byrne, Registered 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 The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017

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 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</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>(a) be consistent with any plan for the care of the service user prepared by an Health and Social Services or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Head of Service and Registered Manager have met and directed keyworkers to ensure compliance with the requirements regarding Restrictive Practice are met and that service user care plans include the appropriate documentation.</p>
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****Please ensure this document is completed in full and returned via Web Portal****



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