

Unannounced Domiciliary Care Agency Inspection Report 01 August 2016



Lakeland Community Care

1 Lattone Road, Belcoo, Fermanagh, BT93 5AQ

Tel No: 02866386934

Inspector: Amanda Jackson

1.0 Summary

An unannounced inspection of Lakeland Community Care took place on 01 August 2016 from 09:45 to 16:30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was not found to be delivering safe care in all areas of service provision. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. Staff recruitment sign off by the registered person/manager requires review together with verification regarding staff contracts issued. Staff induction records reviewed verified processes compliant with agency policies and included mandatory training and shadowing processes. Staff had not received all mandatory training updates and this matter was discussed during inspection for review. Timeframes for staff quality monitoring are recommended for review in accordance with the agency policy. The process of staff supervision and appraisal taking place was confirmed during inspection. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. Service user quality monitoring has been recommended for review in accordance with standard 8.2.

Five areas for quality improvement were identified during this inspection.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring have not been implemented consistently in line with regulations and standards to provide continuous review of services in conjunction with service users and their representatives.

Two areas for quality improvement were identified during this inspection.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

Two areas for quality improvement were identified (as detailed under previous sections) regarding consistent service user quality monitoring and annual quality review procedures.

Is the service well led?

On the day of the inspection the agency was not found to be providing a well led in all areas of service provision as previously detailed. The management had supportive structures to guide

staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

One area for quality improvement was identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	7

Details of the QIP within this report were discussed with Mr Patrick McGurn, registered person and manager and deputy 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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation / registered person: Lakeland Community Care/Mr Patrick McGurn	Registered manager: Mr Patrick McGurn
Person in charge of the agency at the time of inspection: Mr Patrick McGurn	Date manager registered: 07 May 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency

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

- Discussion with the registered person/manager and deputy manager
- Consultation with three staff
- Examination of records
- File audits
- Evaluation and feedback

As part of the inspection the UCO spoke with one service user and five relatives, by telephone, on 9 and 10 August 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

On the day of inspection the inspector met with three care staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Seven staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Three recently recruited staff members induction and training records
- Training and development policy and procedure
- Supervision policy and procedure
- Appraisal policy and procedure
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- Three staff duty rotas
- Vulnerable adults policy and procedure

- Whistleblowing policy and procedure
- Three new service user records regarding referral, assessment, care planning and review
- Management and control of operations policy and procedure
- Three long term service user records regarding review, reassessment and risk assessment
- Three long term service users quality monitoring records
- Management of records policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three service users home recording records
- Three monthly monitoring reports completed by the registered provider
- 2014-15 Annual quality report
- One compliment
- Two staff meeting minutes
- Three communication records to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Policy on reporting of accident/incidents
- Policy on untoward incidents

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 June 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 17 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15(2)(a) Stated: First time	The registered person shall ensure that a written plan is prepared which shall- (a) Be consistent with any plan of care of the service user prepared by any Health and Social Services Trust or Health and Social services Board or other person with responsibility for commissioning personal social services for service users.	Met

	Action taken as confirmed during the inspection: Review of three recently commenced service user records confirmed the agency referral information received from the Health and Social Care Trust (HSC) and the care plan which is placed within service users home files.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.1 Stated: First time	The agency participates in review meetings organised by the referring HSC Trust responsible for the service user's care plan.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that attendance by the agency at trust reviews is seldom requested but information is requested by the trust prior to reviews taking place. Information requested by the HSC trust was reviewed within three long term service user records during inspection and found to be appropriately detailed.	

4.3 Is care safe?

The agency currently provides services to 500 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be compliant with related regulations and standards; however a number of policies had not been reviewed in accordance with the three year timeframe stated under standard 9.5 and this has been recommended.

Three files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had not been obtained as required. A statement by the registered person/manager was not available within the records reviewed and staff contracts issued in accordance with standard 11.4 timeframes could not be verified. A requirement and recommendation have been made. An induction programme had been completed with each staff member and this was confirmed during discussion with one recently commenced staff member. The agency does not currently incorporate elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process. Due to staff not currently requiring to be registered with NISCC this process has not been embedded by the agency. The agency manager confirmed plans currently in place to register staff in line with NISCC timeframes and at that point will fully implement the NISCC induction standards. One of the three care staff interviewed during the inspection day had commenced employment within the previous year. This staff member described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Lakeland Community Care or level of staff training. One relative advised that a complaint had been made in regards to the standard of care and training of one carer, and that they were satisfied with the outcome of their complaint.

New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Consistency is great; my XXX has got used to the faces."
- "No concerns at all."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance to the required standards. The policy requires updating in line the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The registered manager provided assurances the policy would be updated accordingly. The agency's whistleblowing policy and procedure was found to be satisfactory with exception to contact details. Again assurances were provided by the registered manager to update the policy.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme in line with the agency training plan. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs. Discussion took place regarding update training for staff in the areas of service user's monies and fire safety and assurances provided by the registered manager to review both matters. Training is facilitated within the agency. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered.

Records reviewed for three long term staff members evidenced mandatory training, supervision and appraisal as compliant with agency policy timeframes. Staff quality monitoring was found not to be compliant with the agency policy timeframe of twice annually and this has been recommended for review. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training, supervision, appraisal and quality monitoring.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care. Staff feedback stated, 'Training and updated information is always given, which allows us to work and gain knowledge on any new techniques that may help when working with vulnerable people'.

A review of safeguarding documentation did not take place during inspection as no matters had arisen. Discussion with the registered manager presented appropriate knowledge in accordance with the regional safeguarding protocols and the agency policies and procedures.

Each of the three care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of service user files confirmed that the agency management had carried out review meetings with service users/representatives and the trust were appropriate to ensure service user needs were being met. The registered manager confirmed that the agency implement their own separate quality monitoring process. This was confirmed during review of a range of long standing service user records but was not found to be compliant with the agency policy timeframes; a recommendation has been made. The registered manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Areas for improvement

Five areas for improvement were identified during the inspection. The agency is required to ensure staff recruitment in accordance with Regulation 13 and schedule 3 and standard 11.4. Policies and procedures are recommended for review in line with specified three year timeframes. Service user and staff quality monitoring have been recommended for review in accordance with the agency's policies and procedures and in line with standards 8.2 and 8.10.

Number of requirements:	1	Number of recommendations:	4
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4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users advised that they were usually introduced to new carers by a regular carer, and new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Lakeland Community Care were raised with the UCO. The service users and relatives advised that home visits and phone calls have not taken place to ensure satisfaction with the care provided by the agency. Some of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package and they have received questionnaires from Lakeland Community Care regarding service quality.

Examples of some of the comments made by service users or their relatives are listed below:

- "I would give them 100%."
- "Happy with every one of them."

The agency's management of records policy had been revised in 2014. The agency maintained recording templates in each service user's home file on which care workers recorded their visits. The inspector reviewed three completed records returned from service user's homes, which confirmed appropriate procedures in place.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager or deputy manager if any changes to service users' needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by their quality manager to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with three staff during the inspection supported review of this topic as necessary. Minutes of staff meetings reviewed during inspection evidenced discussions with staff on various topics appropriate to the time.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included brief risk assessment information. The registered manager confirmed an agency risk assessment would be completed during initial service visits where risks present. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users. Dates for service user agreements being issued were found not to be compliant with standard 4.1 timeframes and this has been recommended.

Service user records evidenced that the agency carried out quality reviews with service users but these were found not to be compliant with the agency policy timeframes of annual, a recommendation has been made in the above section 'Is care safe'. Annual questionnaires were issued to a third of service users on a three year rolling basis to obtain feedback on services provided, a recommendation has been made in accordance with standard 8.12 to obtain feedback on an annual basis from all service users. Service user files reviewed during inspection contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans. The agency also maintains a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency had completed their annual quality review report for 2014-15, with a summary report of findings and improvements planned. The report did not evidence commissioner feedback and this has been recommended. The registered manager confirmed the summary report is made available to all service users, evidence of this process is recommended to be maintained in the future. The registered manager confirmed that feedback from the annual quality review process is shared with staff post completion and again evidence of such information sharing is recommended to be captured in the future.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Areas for improvement

Two areas for improvement were identified during the inspection. The agency is recommended to ensure service user agreements are provided within the specified timeframes in accordance with standard 4.2. The annual quality review process is recommended for implementation to all service users and commissioners in line with standard 8.12 and feedback to be provided to all stakeholder groups following completion of the report.

Number of requirements:	0	Number of recommendations:	2
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4.5 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed.

Views of service users and relatives have not been sought through home visits, phone calls; however some of the people interviewed advised that they had received a questionnaire from the agency to ensure their satisfaction with the service. Examples of some of the comments made by service users or their relatives are listed below:

- “The carers are great but some are absolutely excellent.”
- “Couldn’t have nicer carers.”

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care

The agency implement service user quality monitoring practices on an annual basis through home visits. Records reviewed during inspection did not support quality monitoring in compliance with the agency timeframes; a recommendation has been made under the previous section ‘Is care safe’. Quality monitoring from service user visits alongside monthly registered person contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members. One compliment reviewed during inspection provided the following information in support of compassionate care:

- 'A very sincere and heartfelt thank you to one and all for all your help and kindness to both our parents. The family very much appreciate all you did for them' (Thank you card).

Areas for improvement

Two areas for improvement (previously stated under the above sections) were identified during the inspection regarding service user quality monitoring on a consistent basis in line with the agency policy timeframes and consistent application of annual quality review processes.

Number of requirements:	0	Number of recommendations:	2
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person and manager Mr Patrick McGurk the agency provide domiciliary care to 500 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures. The arrangements for three yearly review of policies and procedures was not found to have been implemented consistently' a recommendation has been made previously under 'Is care safe'.

The majority of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. One relative advised that a complaint had been made regarding the standard of care being provided by one carer; and that they were satisfied with how the agency handled their complaint. No concerns regarding the management of the agency were raised during the interviews. Staff questionnaire feedback stated 'Lakeland community care is a very professional company to work for. The girls in the office are very helpful and friendly'.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with no complaints recorded. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Two reportable medication incidents had occurred since the previous inspection and reported to RQIA. Review of one incident evidenced shortcomings in the process of follow up with staff, records maintained regarding the incident, and timely reporting to relevant authorities. A recommendation has been made.

The inspector reviewed the monthly monitoring reports for February, March and April 2016. These reports evidenced that the agency registered person/manager had been monitoring the quality of service provided in accordance with minimum standards.

The three care workers interviewed indicated that they felt supported by senior staff who were described as supportive and available for discussions during office hours and via telephone during out of hours. One staff questionnaire described management as 'Brilliant, I get good advice from LCC'. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in staff questionnaires returned to RQIA. Staff questionnaire feedback stated 'All services provided are designed to meet the prescribed needs of service users through individual plans of care and providing choice for the person and maintaining the core values or care at all times'.

Ongoing electronic communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

Areas for improvement

One area for improvement was identified during the inspection. The agency are recommended to ensure incidents are appropriately reported to all relevant agencies within agreed timeframes and records maintained for inspection purposes.

Number of requirements:	0	Number of recommendations:	1
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Additional areas examined during inspection

The inspector reviewed records and discussed matters reported to RQIA since the previous inspection. All matters had not been appropriately followed up by the agency in terms of service user and staff quality monitoring. Both matters have been reflected earlier in the report and recommendations made.

5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Patrick McGurn registered person/manager and deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Agencies.Team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13(d) and Schedule 3(10)

Stated: First time

To be completed by:
With immediate effect from the date of inspection.

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-
(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in schedule 3.

Schedule 3 - A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.

Response by registered person detailing the actions taken:

All new care workers are vetted as per our Recruitment Policy. This includes an inspection of the Access NI certificate. After satisfactory induction training and receipt of all documentation, the carers will be signed fit for work purpose by Registered Manager and Recruitment Officer.

Recommendations

Recommendation 1

Ref: Standard 9.5

Stated: First time

To be completed by:
1 November 2016

Policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.

Response by registered person detailing the actions taken:

Registered Managers ratifies all policies and procedures and will review these every 3 years according to legislative requirements or whenever policies are changed.

Recommendation 2

Ref: Standard 11.4

Stated: First time

To be completed by:
With immediate effect from the date of inspection.

Staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.

Response by registered person detailing the actions taken:

Staff will be issued with terms and conditions of employment after 6 weeks induction period. The main terms and conditions are discussed at induction training.

<p>Recommendation 3</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2016</p>	<p>Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>(regarding staff quality monitoring in line with agency policy timeframes)</p>
	<p>Response by registered person detailing the actions taken: Staff Quality monitoring checks are carried out at annual service users visits, regular telephone spot checks, rota meetings and annual staff appraisals. Regular training is carried out and assessment of staff practice is monitored at service user visits by Quality Manager or Senior staff.</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2016</p>	<p>The registered manager ensures the agency delivers services effectively on a day to day basis.</p> <p>(regarding service user quality monitoring in line with agency policy timeframes)</p>
	<p>Response by registered person detailing the actions taken: Lakeland Community Care undertake to carry out Quality Assurance visits to all service users annually. These have recommenced from 8th August 2016 and will be completed by March 2017. Customer satisfaction surveys are carried out annually and results are made available to all service users if required.</p>
<p>Recommendation 5</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection.</p>	<p>Each service user and, if appropriate, his or her carer/representative is provided with a written individual service user agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within 5 working days of such commencement.</p>
	<p>Response by registered person detailing the actions taken: All new service users or their representatives will be issued with a written individual service user agreement on the commencement of service or within 5 working days. This can be made available in alternative format if required</p>
<p>Recommendation 6</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2016</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p>
	<p>Response by registered person detailing the actions taken: Quality Assurance visits, annual customer satisfaction surveys, spot checks, commissioner feedback, complaints, accidents, incidents all form part of the evaluation of the quality of services provided. Any shortfall will be addressed with commissioners, LCC board and management committee. Copy of the report is made available on request.</p>

<p>Recommendation 7</p> <p>Ref: Standard 8.16</p> <p>Stated: First time</p>	<p>All accidents and any incidents occurring when an agency worker is delivering a service are reported as required to relevant organisations in accordance with legislation and procedures. A record of these is maintained for inspection.</p>
<p>To be completed by: With immediate effect from the date of inspection.</p>	<p>Response by registered person detailing the actions taken: All accidents and incidents will be reported to the relevant organisations within the specified timeframe as per our policy. A record will be maintained for inspection.</p>

Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address



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