

Unannounced Care Inspection Report 3 January 2019



Carepoint NI

Type of Service: Domiciliary Care Agency
Address: 1E Monaghan Street, Newry, BT35 6BB
Tel No: 028 3753 9463
Inspector: Marie McCann
User Consultation Officer: Clair McConnell

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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

Carepoint NI is a domiciliary care agency based in Newry which provides a range of services including personal care, practical and social support, sitting services and re-ablement services. Service users are aged 18 or over and have a range of needs relating to dementia, mental health, learning and/or physical disability. These services are commissioned by the South Eastern Health and Social Care Trust, the Southern Health and Social Care Trust and the Belfast Health and Social Care Trust (HSCTs).

3.0 Service details

Organisation/Registered Provider: Carepoint (NI) Limited Responsible Individual: Mr Martin Anthony McCool	Registered Manager: Mrs Amanda Barr
Person in charge at the time of inspection: Mrs Amanda Barr	Date manager registered: 16 October 2018

4.0 Inspection summary

An unannounced inspection took place on 3 January 2019 from 09.30 to 17.00.

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

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

Evidence of good practice was found in relation to: staff induction, training, adult safeguarding, risk management, communication between service users, agency staff and other key stakeholders. Further areas of good practice were also found in regards to the provision of compassionate care, the agency's ethos of encouraging feedback from service users, monitoring the professional registration of staff and the management of complaints.

Areas requiring improvement were identified in relation to recruitment records, the agency's whistleblowing policy and staff appraisals.

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

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Martin Anthony McCool, responsible person and Mrs Amanda Barr, registered 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 27 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 March 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:

- unannounced care inspection report and QIP dated 27 March 2018
- incident notifications which evidenced that one incident had been notified to RQIA since the last care inspection on 27 March 2018
- information and correspondence received with regards to the agency since the last inspection
- user Consultation Officer (UCO) report

As part of the inspection, the User Consultation Officer spoke with one service user and six relatives, by telephone, on 8 and 11 January 2019 to obtain their views of the service. The service users consulted with informed the UCO that they received assistance with the following:

- personal care
- meals
- sitting service

During the inspection the inspector met with the responsible person, the registered manager and two care staff; in addition, the inspection also spoke with two care staff via telephone.

The following records were examined during the inspection:

- Recruitment and induction records for three recently recruited members of staff.
- Three service users' care records.
- A sample of service users' daily task records.
- The agency's staff training matrix.
- A sample of staff supervision/appraisals records.
- A sample of the agency's complaints/compliments from March 2018.
- A sample of staff roster information.
- A sample of the agency's record of incidents and accidents for November 2018.
- A sample of monthly quality monitoring reports from October 2018, November 2018 and December 2018.
- Safeguarding Policy, July 2018.
- Complaints Policy, July 2018.
- Whistleblowing Policy, June 2018.
- Whistleblowing Procedure, September 2016.
- Confidentiality Policy, April 2018.
- Statement of Purpose, December 2018.
- Service User Guide, September 2017.

At the request of the inspector, the registered manager 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; two responses were received and are referenced within the body of this report.

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

The findings of the inspection were provided to the registered manager and senior management team at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 March 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 27 March 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 13 (d) Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: A review of a sample of recruitment records evidenced that the majority of records specified in Schedule 3 were in place and available for inspection. However, one record was not available within two staff members' records during the inspection, namely, a statement by the registered provider, or the registered manager, that the person was deemed physically and mentally fit for the purposes of the work which they were to perform. This is discussed further in section 6.4.	

	This area for improvement has been partially met and is stated for a second time.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the agency undertakes an evaluation of the service each month through the monthly quality monitoring process. This includes consultation with key stakeholders. In addition, the agency has conducted a satisfaction survey with service users and their representatives. At the time of the inspection, the results had been compiled and the agency was in the process of reviewing the outcome of the survey to develop an action plan as appropriate.	

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 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 a sample of personnel records of three recently recruited staff. These records confirmed that the majority of the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. Discussion with the registered manager and review of records confirmed that improvements had been made in a number of areas which had previously been identified. Gaps in employment history were clearly requested to be provided within the agency’s application form. In addition, the agency’s interview record has recently been updated to ensure that any gaps in employment are discussed and that a record is maintained of any explanations given. There was also evidence that employee references were verified as appropriate. However, it was noted that a statement completed by the registered provider or registered manager, confirming that the person was physically and mentally fit for the purpose of the work he/she has to perform was not available within two of the records viewed. An area for improvement in regards to recruitment information has been stated for a second time.

Discussion with the registered manager confirmed that a record of the induction programme provided to staff is retained; the inspector viewed three individual staff induction records. These evidenced that staff received an induction lasting a minimum of three days which included topics such as manual handling, health and safety, safeguarding, whistleblowing, infection prevention control (IPC), food hygiene, fire awareness, Control of Substances Hazardous to Health (COSHH) regulations, food hygiene, fire awareness, reporting and recording, personal care, pressure care, stoma care, catheter care and shadowing with experienced staff. In addition, staff receive a handbook which provides advice and guidance in areas such as communication and working together, personal safety, service users who have fallen and hearing aids.

Discussions with 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: "The training/induction before I started was very good and I had at least a week shadowing other staff." and "Never did this type of work before, the training was really good; had two full days training and (then) shadowing for two to three days." The registered manager discussed and evidenced the development of a new induction programme for care staff being implemented and how this will also require staff to complete the Northern Ireland Social Care Council (NISCC) induction handbook. This will be reviewed at a future care inspection.

The inspector viewed the agency's system to ensure that all staff receive appropriate training to fulfil the duties of their role. Discussion with the registered manager and a review of the training matrix evidenced that the majority of staff had completed their mandatory training updates with a small number of staff scheduled to complete outstanding training by end of January 2019. Staff consulted on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. Online training has recently been introduced to the agency in addition to ongoing face to face training in areas such as manual handling, safeguarding and medication training. The online training materials contain an assessment component. One staff member commented: "Training has improved, especially manual handling and administration of medication."

The UCO was advised by all those service users and relatives consulted with, that they had no concerns regarding the safety of care being provided by the agency. New carers are usually 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.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling, stoma care and working with someone with dementia. All of the service users and relatives consulted with 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:

- "The service is a lifesaver. Couldn't work without it."
- "They're flexible and work with me."
- "Couldn't do without them."

Discussions with the registered manager and responsible person 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 registered manager advised how the agency liaised with the relevant HSCTs, service users and relatives to ensure the safety and

wellbeing of the service users. They confirmed that staffing levels were currently adequate to meet the needs of the agency.

Discussion with staff on the day of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties as per 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 inspector reviewed reporting and management of incidents occurring within the agency. The registered manager maintained a record of all incidents and accidents which had been audited on a monthly basis by the responsible person. 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 HSCT 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, and the importance of reporting any issues to their line manager/ registered manager in a timely manner. Staff commented: "There is good support from management, I have a number for emergencies if needed, I know I can always contact someone."

Discussions with the registered manager and a review of the agency's safeguarding policy 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 registered manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The agency had an Adult Safeguarding Champion (ASC) identified. There were no adult safeguarding referrals to review since the last care inspection. Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

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.

Returned staff questionnaires received by RQIA indicated that one respondent was very satisfied that the care provided to service users was safe. One respondent indicated that they were very unsatisfied that the care provided was safe. There was no comment provided to indicate why the respondent was unsatisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was restated with regards to the recruitment records.

	Regulations	Standards
Total number of areas for improvement	1	0

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 responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of the provision is laid out in the agency's Statement of Purpose. The inspector advised that the Statement of Purpose should be updated to include the details of the responsible person and include contact details of the HSCT's complaints department and the patient and client council (PCC). The updated Statement of Purpose was forwarded to RQIA post inspection and noted to be satisfactory.

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.

On the day of inspection the inspector chose a random sample of service users' care records. The agency provides care as commissioned by the relevant HSCT which is agreed in consultation with the service user and/or their representatives. Service users' records viewed on the day of inspection included referral information and typically included relevant assessments and risk assessments, as necessary. The registered manager confirmed that during an introductory visit, service users are provided with a service user guide; agency staff discuss the referral for commissioned services and the care plan which details hours/time and details of care and service to be provided, is agreed. In addition, a risk assessment and risk assessment summary is completed by agency staff. The records viewed on the day of inspection evidenced a signed service user agreement confirming that this process had been completed.

It was positive to note that the agency's risk assessment was comprehensive and reviewed actions taken or required to minimise risk and it was reviewed by the registered manager. The inspector was unable to review the agency care plans in the files reviewed. The registered manager provided assurances that copies were maintained within individual service users' home files. The service is in the process of storing all records electronically and arrangements are in place to ensure that an electronic copy of service users' care plans will be available for future inspections within the agency office. This will be reviewed at a future care inspection.

The UCO was informed by the majority of the service users and relatives consulted with they had no concerns regarding carers' timekeeping. Care provided was not felt to be rushed. The service users and relatives consulted with also advised that they had not experienced any recent missed calls from the agency. Some reference was made to missed calls which had occurred in the past and this was subsequently discussed with the registered manager post inspection who provided assurances that appropriate improvements and systems had been put in place to address this.

It was noted within those service users' records examined that the agency completed service user monitoring visits. The records evidenced no concerns expressed by the service users during the monitoring visits. The registered manager advised that the agency is not always invited to HSCT care reviews and if they are invited they do not typically receive a copy of the minutes of the review. It was agreed with the registered manager that the agency will request a copy of future HSCT reviews they attend, as appropriate and ensure that the agency maintain a record of the review meeting, including any agreed outcomes and actions required.

Staff discussed the importance of knowing the content of individual service user’s assessments and care plans to inform and guide their practice. Staff stated that they effectively communicate with each other, service users and their relatives, and that any change in a service user’s needs or concerns was reported in a timely manner. A staff member commented: “100 per cent happy with how everything is organised. I know what I am doing and where I’m supposed to be.”

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The registered 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.

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

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

- “Very pleased with them.”
- “Gives me peace of mind that someone calls regularly with XXX and contacts me if anything is wrong.”
- “Had a number of carers. They’ve all been very professional and patient.”

Returned staff questionnaires received by RQIA indicated that one respondent was very satisfied that the care provided to service users was effective. One respondent indicated that they were very unsatisfied that the care provided was effective. There was no comment provided to indicate why the respondent was unsatisfied.

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

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 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 registered manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Staff comments included:

“You treat the clients how you would expect and want your relative to be treated.”, “You always check with clients first what they want help with.” and “It can be difficult for some clients getting used to the need for carers and you help them with this and let them get to know you and get comfortable with you.”

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 commented: “The clients definitely are getting a good service.”

All of the service users and relatives consulted with 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. Service users, as appropriate, are given their choice in regards to meals and personal care.

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

- “So good with XXX. Have built up a good relationship.”
- “XXX gets on well with them.”
- “Always ask if we need help with anything else.”

The inspector reviewed the agency’s governance arrangements for quality assuring the care provided to service users. The registered manager advised that the staff receive spot checks to monitor and review care practices. A record is maintained of the spot checks in staff personnel files. The three staff personnel records examined evidenced a record of such spot checks having been undertaken, with no areas for concern identified.

It was positive to note that during monitoring visits by the agency to service users, in order to review the quality of service provision, they also reviewed the level of satisfaction with how staff communicate with service users, maintain confidentiality and treat service users with dignity and respect. The inspector advised that the monitoring visit record should be amended to include the service users’ signature to evidence service user consultation. The registered manager forwarded the amended record post inspection and confirmed that this amended format would now be used.

Upon commencement of a care package, service users are provided with a copy of the agency’s service user guide which informs service users’ of the standards and core values required to be maintained by care staff and highlights how service users can raise a concern or complaint if necessary, regarding the quality of care. Service users are also provided with a complaints form to use should they wish to raise a concern. In addition, the guide provides the service user with details of advocacy groups and the Northern Ireland Public Service Ombudsman (NIPSO). The inspector has recommended that the guide is updated to include the details of the patient and client council.

Returned staff questionnaires received by RQIA indicated that one respondent was very satisfied that the care provided to service users was compassionate. One respondent indicated that they were very unsatisfied that the care provided was compassionate. There was no comment provided to indicate why the respondent was unsatisfied.

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

6.7 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 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 the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation. Feedback from staff evidenced that the registered manager fulfils their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Staff comments included:

- "Management are very approachable and supportive if you need to ring them for advice."
- "Since the manager has joined, I am much more confident that a professional service is being provided".
- "We have access to staff meetings and supervision more so than ever before."
- "I love the job, it's a good company."

All of the service users and relatives consulted with by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. The UCO was advised that they had spoken to management regarding missed calls, timekeeping and the care provided by one carer. No concerns regarding the management of the agency were raised during the discussions and they were satisfied with how their concerns were handled.

The registered manager has a system to monitor compliance with the timescales for staff supervision and there was evidence that staff had received supervision. Discussion with the registered manager established that the implementation of annual appraisals for staff was being progressed at a pace which reflected the need for developing staff understanding of the appraisal process and as such, annual appraisals had not yet been completed. An area for improvement was made in this regard.

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR) the responsible person confirmed that the agency had sought advice regarding their

GDPR responsibilities, with some changes being implemented. In addition, the inspector recommended that the agency review guidance which is available on the RQIA website and also continue to liaise with the HSCTs regarding their GDPR responsibilities. The registered manager advised that staff training has been planned with regards to the GDPR to help them understand and be aware of recent changes in this area.

The registered 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 agency's confidentiality policy had been updated to reflect the new GDPR requirements and took account of service users' human rights. The complaints policy/procedure was noted to clearly define the agency's complaints process and provided details of external organisations which the complainant could contact if they remained dissatisfied with the agency's complaints process. The inspector advised the agency to also include the details of the patient client council. The amended policy and procedure was forward to RQIA post inspection with these details included. Policies were maintained in a manner that was easily accessible by staff in the office or online. A review of the agency's Whistleblowing policy identified that the policy did not include the recognised bodies to whom concerns can be reported such as RQIA and NISCC. An area for improvement was made in this regard. In addition, the registered manager provided assurances that the agency's updated Whistleblowing policy will be shared with staff.

The agency maintained a complaints and compliments record, which was audited on a monthly basis. The registered 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 since the last inspection evidenced that the agency had received one complaint and this had been managed appropriately. It was positive to note that the agency had received a recent compliment via email from a relative of a service user who stated: "Can I just pass on my thanks to Carepoint and the care workers for the ongoing assistance and support they provide. It really is much appreciated."

The registered 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 registered manager described the importance placed on supporting and valuing staff to develop and improve skills and knowledge basis. A new electronic monitoring call system has been introduced in the agency which will record contemporaneously when care staff enter and leave a service user's home.

Discussion with the registered manager confirmed that staff meetings are held in geographical localities and in addition to information sharing at staff meetings, the agency are using a newsletter format to share relevant information with regards to promoting learning and advising of any pertinent developments. A review of team meeting minutes for a specific area in October 2018 noted that staff were given guidance on management of complaints, record keeping information safe, medication management and the importance of confidentiality.

The registered manager also advised that the agency are reviewing their training programme and that the training plan for 2019 will incorporate training in areas such as human rights, deprivation of liberty and increased dementia awareness training. This will be reviewed at a future care inspection.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the registered

manager. The registered 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 registered manager confirmed that all staff are currently registered or in the process of registering within expected timescales.

The inspector confirmed that monthly quality monitoring visit reports were available for review from the last care inspection up to December 2018. Samples of reports evidenced consultation with service users, relatives, agency staff and HSCT 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 advised that feedback from consultation with service users, relatives, staff and HSCT representatives and file audits should have a unique identifier so that feedback is traceable. In addition, the inspector advised that as the agency provides care in number of trust areas, any review of incidents/accidents and/or complaints should be identified by geographical location to help identify any trends or patterns. The responsible person agreed to action this.

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 registered 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

Returned staff questionnaires received by RQIA indicated that one respondent was very satisfied that the service was well led. One respondent indicated that they were very unsatisfied that the service was well led. There was no comment provided to indicate why the respondent was unsatisfied.

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

Two areas for improvement were identified in regards to the agency's whistleblowing policy and staff appraisals.

	Regulations	Standards
Total number of areas for improvement	0	2

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 Martin Anthony McCool, Responsible Person and Mrs Amanda Barr, 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/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 13 (d)</p> <p>Stated: Second time</p> <p>To be completed by: 27 March 2018</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>The specifically relates to the requirement of a statement by the registered provider, or the registered manager, that the person was deemed physically and mentally fit for the purposes of the work which they were to perform, being available in staff recruitment records</p> <p>Ref: 6.2 & 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An additional sign off sheet has been attached to the medical questionnaire statement which now has a clear sign off section for the Registered Manager to complete that will provide the clear evidence that all new employees are assessed as medically fit to work in our home care service. The point raised by the inspector was immediately addressed.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system is in place to ensure that staff have recorded formal appraisals meetings in accordance with the agency's procedures.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The company has over the past few months embarked on a major development programme that has introduced a new and more comprehensive approach to the training and support of staff employed in our homecare service. This has meant that at the time of inspection we had not moved on to the delivery of appraisals for staff. We had concentrated on ensuring that one to one supervision was embedded completely in the company. A plan for the appraisal programme was shown to the inspector and all staff now have a date when their appraisal will be carried out. We have always recognised that the appraisal process is important but we wanted to make it more meaningful for staff by having it linked to supervision and what will be our new reward system for staff who successfully demonstrate competency. The appraisal process will be used to assess individual staffs performance..</p>

<p>Area for improvement 2</p> <p>Ref: Standard 8.9</p> <p>Stated: First time</p> <p>To be completed by: 14 February 2019</p>	<p>The registered person shall ensure there is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.</p> <p>This relates to inclusion within the agency’s whistleblowing policy of the recognised bodies to report concerns to if internal reporting arrangements have been exhausted and any concern has not been taken seriously.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A new and more detailed whistle blowing policy was written within two days of the inspectors visit . It was furnished to the inspector for comment and circulated immediately to all of the company's staff ..</p>

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



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