

Unannounced Care Inspection Report 16 September 2019



SENSE

Type of Service: Domiciliary Care Agency
Address: The Manor House, 51 Mallusk Road, Mallusk, BT36 4RU
Tel No: 02890833430
Inspector: Kieran Murray
Service Development Officer (SDO): Gemma Murray

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency which provides personal care and social support, emotional support and carer relief to seven individuals with a sensory impairment and complex needs within the Northern Health and Social Care Trust (NHSCT), Belfast Health and Social Care Trust (BHSCT) and South Eastern Health and Social Care Trust (SEHSCT) areas. Service users are supported by 31 staff.

3.0 Service details

Organisation/Registered Provider: SENSE Responsible Individual(s): Mrs Collette Gray	Registered Manager: Mr Patrick Black Mr Patrick Black - application received 29 January 2018 - registration pending
Person in charge at the time of inspection: Responsible Individual/Deputy Manager	Date manager registered: 29 January 2018 Mr Patrick Black - application received 29 January 2018 - registration pending

4.0 Inspection summary

An unannounced inspection took place on **16 September 2019??** from 09.30 to 16.40.

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 have duties 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 training and development, adult safeguarding, involvement of service users, collaborative working. The care records were well 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. There was evidence of governance and management systems in place.

Areas requiring improvement were identified in relation appraisals, complaints management and completion of an annual quality report.

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.

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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Collette Gray, Responsible Individual, 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 17 October 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 17 October 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and Quality Improvement Plan (QIP)
- notifications of incidents
- all correspondence received by RQIA since the previous inspection

During the inspection the inspector and SDO met with the responsible individual, operations manager, deputy manager and had telephone conversations with one service user, one relative and one staff member.

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; one response is included within the body of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives; three responses were returned; analysis and comments are included within the report.

There were a number of areas rated as 'undecided' and 'very unsatisfied' on the responses returned by staff. As there were no contact details recorded for staff, the inspector spoke to the manager on the 2 October 2019 and discussed the feedback received. The inspector has been assured by the manager that the comments made would be discussed with staff in the forum of a team meeting and a record retained which can be reviewed at the next inspection.

There was a suggestion received from a relative in relation to service delivery. This suggestion was discussed with the relative and manager on 2 October 2019. The manager has assured RQIA that contact will be made with the relative for local resolution.

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.

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.

An areas for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The inspector would like to thank the responsible individual, deputy 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 17 October 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 16 (5) (a)(b) Stated: First time	Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that- (a) a new domiciliary care worker ("the new worker") is provided with appropriately structured induction training lasting a minimum of three full working days; and	Met

	<p>(b) during that induction training-</p> <p>(i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;</p> <p>(ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to a supervise the new worker;</p> <p>(iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty; and</p> <p>(iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p> <p>Ref: 6.4</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector evidenced from records that all new staff had a minimum of three days induction which included induction training, periods of shadowing experienced staff and observations by the management team.</p>	

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

Discussions with the deputy manager indicated that they had an understanding of the recruitment process and the need for robust systems to be in place. Staff are not provided to service users until all required pre-employment checks have been satisfactorily completed.

It was identified from discussions with staff and personnel records viewed that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency. It was noted that induction standards are linked to the Northern Ireland Social Care Council's (NISCC) Standards.

Discussions with the deputy 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: "Induction very thorough and helpful."

It was positive to note that the induction programme included training on values, equality and diversity and service user rights.

The inspector reviewed the agency's training plans which indicated compliance with the Regulations 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 Managing Actual or Potential Aggression (MAPA) and Dignity, Respect and Person Centred training.

One staff member commented: "Training is of high quality and equips me with the skills to do the 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 all those 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 carers' training were raised with the inspector by the service users or relatives. 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 and/or their relatives are listed below:

- "The staff are very good."
- "Overall, I am happy."
- "They protect XXX human rights."

Staffing levels were consistently maintained and there were no concerns raised with the inspector by staff or service users in relation to the service users' needs not being met. The deputy manager and staff advised that the agency uses a small pool of staff from another registered recruitment agency to meet the needs of service users.

The deputy manager provided the inspector with a detailed list of the domiciliary care agency staff, their Access NI number, training and evidence of their Northern Ireland Social Care Council (NISCC) registration and the induction programme provided to them by Sense.

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 responsible individual 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 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 the ability to balance risk with the wishes and human rights of individual service user and the importance of reporting any issues to their line manager in a timely manner.

Discussions with the deputy 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 deputy 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 had been no adult safeguarding referrals made 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 taking appropriate and timely action when service user's rights are at risk of being breached 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. Discussions with staff evidenced that they were empowered to speak up about poor care through the management arrangements.

The Adult Safeguarding Position report for the agency will be formulated and available in 2020.

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 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 one response received from staff, they indicated that they were 'undecided' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training 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.

The review of two care records identified that they were comprehensive, person-centred although the inspector noted that documents were not easily accessible on the electronic system. The inspector discussed the importance of establishing an electronic system that is easy to manage and navigate. The care records evidenced referral information, risk assessments, care plans and yearly care reviews with the relevant NHSCT, BHSCT and SEHSCT representative, service users and relatives as appropriate.

The responsible individual advised the inspector that care plans are reviewed by the agency on a three monthly basis or sooner if required and that SENSE complete their own internal service review which forms part of the HSCT reviews.

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 possible in planning their commissioned care with the agency.

The agency maintained recording templates in each service user’s home file on which care workers recorded their visits. On examination of records the inspector noted that a small number of recordings were not in keeping with policy and procedure. The inspector requested the responsible individual add an agenda item to the forthcoming staff meeting in relation to record keeping.

The deputy 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. On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the HSCT, service user and relatives and were noted to be reviewed yearly or sooner if required and evaluated.

The inspector discussed the potential human rights implications of the restrictive practices being implemented and the responsible individual welcomed advice given and undertook to ensure that human rights considerations would be documented alongside each restrictive practice.

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

The responsible individual described a computer system in a service user's home where a computer screen reads visual information and transfers the information into a braille or audio format.

Staff comments:

- "I am comfortable to raise issues and actions raised are followed through."

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

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

- "We call them every day, maybe twice a day sometimes."
- "I have attended a review and I was able to have my opinions raised."
- "They give my XXXX respect and dignity."
- "I would like a bit of flexibility in the care provided."

Of three questionnaire responses received from service users/relatives, all three indicated that they were 'very satisfied' that care was effective. Of one response received from staff, they indicated that they were 'undecided' 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

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

	Regulations	Standards
Total number of areas for improvement	0	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 responsible individual and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation.

Staff spoke knowledgably 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.

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 consulted with by the inspector felt that care was compassionate. The service users and relatives advised that in general carers treat them with dignity and respect.

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.

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. 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.

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. The Service User Guide provides the service user with details of advocacy groups including the Patient Client Council, the Northern Ireland Public Service Ombudsman (NIPSO) and RQIA.

Of three questionnaire responses received from service users/relatives, all three indicated that they were 'very satisfied' that care was compassionate. Of one response received from staff, they indicated that they were 'undecided' 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. A manager is in place and the responsible individual has assured the inspector that this position would have a registered manager in the next two months; an application for registered manager has been submitted to RQIA at this time.

Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure. In addition, discussion with the responsible individual 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 individual which resulted in a shared team culture, the focus of which was how they could do things better for service users.

Staff comments:

- “Support from managers is good but would value more face to face time.”

All of the service users and relatives consulted with by the inspector 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.

Examination of records indicated that a system to ensure that staff supervision are planned and completed in accordance with policy has been maintained. However, examinations of appraisal records evidenced they were not up to date. An area for improvement has been made in this regard.

As part of the agency’s review of compliance with the new General Data Protection Regulation (GDPR) The responsible individual advised that staff training had been completed with regards to the GDPR to help them understand and be aware of recent changes in this area. Review of training records by the inspector confirmed this.

The responsible individual 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. Policies were maintained in a manner that was accessible by staff in the office and on devices kept in the homes of service users. .

The responsible individual advised the inspector that the agency had received a number of complaints since the last inspection. On review of the agency’s complaints records it is evident that the agency had not recorded and managed them appropriately in line with policy and procedure and in conjunction with the HSCT. An area for improvement has been made in this regard.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints.

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

Discussion with the responsible individual confirmed that staff meetings are planned on a three monthly basis. Records reviewed evidenced this.

The responsible individual confirmed that tenant meetings took place on a three monthly basis. The inspector noted the following areas discussed at these meetings, maintenance, on call, complaints and future tenants.

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 manager. The responsible individual 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 deputy manager confirmed that all staff are currently registered or in

the process of registering within expected timescales. The inspector discussed the availability of NISCC's public facing register to help the agency with checking staff registrations.

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 from the last care inspection up to August 2019. 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 noted and examined the following surveys/audits carried out by SENSE, Service User/Relative and Stakeholder Questionnaires 2017/2018, with positive results. The SENSE Regional Staff Satisfaction Questionnaire results were available on the intranet and the inspector noted positive results.

The responsible individual informed the inspector that the annual quality review of services report had not been completed by the agency. An area for improvement has been made in this regard.

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 responsible individual advised that to date, the agency has provided access to specific equality and diversity training. In addition, the responsible individual 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 trusts, 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 one response received from staff, they 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 quality monitoring reports and equality and diversity.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Collette Gray, Responsible Individual, 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 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 Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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 the process.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: We have reviewed the annual quality monitoring report we prepared for this service which did include key stake holders, and in line with feedback from the inspection team, this report will be ammended and extended to include all necessary areas.</p> <p>We note that one staff member who returned a questionnaire was undecided about many areas relating to practice within the service. This does not reflect the views of other staff either before or post inspection, however, we take all concerns seriously and will address the issues at a full team meeting on 12th November 2019, with a view to understanding the staff member's views and working to resolve them.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Schedule is in place and all outstanding appraisalas will be complete to 30th November 2019</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the actions taken.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: In line with feedback from the inspection we will add a log sheet to out complaints file to summarise the complaints for easy reference.</p>

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



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