

Short notice Announced Domiciliary Care Agency Inspection Report 01 December 2016



Quality Care Services Ltd

Type of service: Domiciliary Care Agency
Address: 337 Castlereagh Road, Belfast, BT5 6AB
Tel no: 02890704477
Inspector: Amanda Jackson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

A short notice announced inspection of Quality Care Services Ltd took place on 01 December 2016 from 09.15 to 15.30 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 found not to be delivering safe care at all times. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. Review of records during inspection highlighted non-compliance with the registered person/registered manager sign off in respect of staff fitness to practice; a requirement has been stated. Feedback from service users and staff highlighted continued staffing challenges regarding consistency, timing of staff calls and staff knowledge and experience. All matters were discussed during inspection and are currently under review by the manager (registration pending) and the regional manager. 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. Review of complaints during inspection and feedback from service users highlighted gaps in compliance with Regulation 22 and a requirement has been made.

Two areas for quality improvement were identified regarding the registered person/registered manager sign off on staff fitness during recruitment. The second area for improvement related to appropriate complaints resolution in accordance with Regulation 22.

Is care effective?

On the day of the inspection the agency was not found to be delivering effective care on a consistent basis. The agency responds appropriately to the needs of service users through the development and review of care plans. The agency's systems of quality monitoring service users and staff have been implemented consistently in line with the agency's own procedures but have been recommended for review in terms of their effectiveness in highlighting and addressing matters arising and providing continuous review of services. Completion of service user home records highlighted shortfalls in accordance with standard 5.2 and timeframes for issuing service user information were not found to be consistent with the domiciliary care agencies standards. Inclusion of all stakeholders during the annual review process was not found to be fully compliant and has been recommended for review in line with standard 8.11.

Five areas for quality improvement were identified regarding service user and staff quality monitoring, service user home recording by staff and timeframes for issuing service user agreements. Commissioner inclusion in the annual quality review and report was also recommended.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care despite matters raised during the UCO discussions. The agency’s daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. The inspector discussed the robustness of quality monitoring processes and both service user and staff quality monitoring have been recommended for review.

Two areas for quality improvement were identified in respect of service user and staff quality monitoring.

Is the service well led?

On the day of the inspection the agency was not found to be consistently well led. The management had supportive structures to guide staff but changes in management and staffing levels during the past year have impacted on service quality. 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 but highlighted the need for more effective service user and staff quality monitoring processes alongside robust monthly monitoring of the agency.

Two areas for quality improvement were identified relating to quality monitoring.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Julia Wade, Manager (registration pending), and the regional 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Quality Care Services Ltd/Miss Julie Elizabeth Hunter	Registered manager: Mrs Julia Wade (registration pending)
Person in charge of the service at the time of inspection: Mrs Julia Wade Mrs Julia Wade	Date manager registered: Not applicable

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- 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 manager (registration pending) and regional manager
- Consultation with six care staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with six service users and eight relatives, either in their own home or by telephone, on 10 and 11 November 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.

The UCO also reviewed the agency's documentation relating to six service users.

On the day of inspection the inspector met with six 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 manager (registration pending) 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. One staff questionnaire was returned to RQIA. The content of the questionnaire 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 and appraisal policy and procedure (within Managing staff policy)
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records;
- Five staff duty rotas
- Staff handbook
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three safeguarding records
- Three new service user records regarding referral, assessment, care planning and introductory visits
- Four long term service user records regarding review, reassessment and quality monitoring;
- Quality assurance policy
- Record keeping and reporting policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three service users home recording records
- One monthly monitoring report completed by the regional manager
- Annual quality report
- Three compliments
- Three staff meeting agenda's
- Three communications to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure (within information governance)
- Complaints and compliments policy and procedure
- Three complaints records
- Policy on reporting accidents and incidents.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01 June 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 01 June 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The agency currently provides services to 306 service users living in their own homes within the Belfast Health and Social Care Trust (BHSCT). A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were reviewed relating to recently appointed staff. The manager (registration pending) verified all the pre-employment information and documents had been obtained as required. This was confirmed during inspection review of the records with exception to the registered person/registered manager sign off regarding staff fitness to practise; a requirement has been made. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. The majority of staff are currently working towards registration with NISCC with the agency manager (registration pending) confirming support is provided to assist staff in meeting the NISCC timeframes for 2017. Three of the six care staff interviewed during the inspection day, had commenced employment within the previous year. These staff members 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 concerns regarding the safety of care being provided by Quality Care. Concerns raised with the UCO included lack of consistent carers, new carers not being introduced to service users, timekeeping and standard of care. Issues regarding the carers' training were also raised with the UCO in relation to the correct use of equipment and infection control.

All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns; however it was noted that issues that had been raised with management had not been addressed. Examples of some of the comments made by service users or their relatives are listed below:

- "My XXX has dementia so better consistency and routine would be good."
- "There seems to be high turnover of staff."
- "Carers regularly get additional calls which seem to put them under pressure."

Discussion with the manager (registration pending) and the regional manager confirmed the agency has experienced a particularly high turnover of staff during the past year which includes changes in management within the agency. The regional manager equated these challenges in staffing to the decrease in service quality. Discussions with six care staff during inspection also highlighted the challenges being faced by staff due to high staff turnover and this feedback was shared with the manager (registration pending) during inspection. Review of complaints information during inspection did not support a robust approach to resolution of matters raised by service users and a requirement has been made.

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 with the required standards. The policy has been updated in line with 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 agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2016 confirmed all care staff had completed the required mandatory update training programme and a range of additional training. 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 including dementia and mental health. Training is facilitated by an internal trainer within the agency. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge such as dementia.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

One staff questionnaire 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.

Safeguarding was discussed during inspection; the manager (registration pending) confirmed a number of matters have arisen since the previous inspection which were reportable to RQIA. The registered manager presented appropriate knowledge in managing matters when they arise. Review of three incidents reported to RQIA confirmed appropriate procedures in place with the agency. All records were centrally maintained and available for review. The inspector did highlight that a number of incidents had not been followed up with the trust to ensure closure and this was recommended during inspection.

Each of the six staff interviewed had a clear understanding of their roles 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 three service user files confirmed that the agency management had carried out ongoing review of services with service users/representatives. The manager (registration pending) confirmed that the agency implement an ongoing quality monitoring process as part of their review of services and this was evident during review of three service users' records. The manager (registration pending) 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, discussions with staff and review of agency rotas suggested the agency have experienced challenges with staffing levels in various roles to meet the needs of their service user group. Staff spoken with during the inspection did highlight changes to shift patterns which affect staff time off and changes to rota's was also highlighted during service user meetings with the UCO, this feedback was shared with the manager (registration pending) and the Regional Manager, Darren Matchett. The manager (registration

pending) and the regional manager confirmed review of staffing levels and recruitment of new staff remain ongoing at this time.

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

Areas for improvement

Two areas for improvement were identified during the inspection. A requirement has been made in accordance with Regulation 13 and Schedule 3 regarding the registered person/registered manager sign off on staff fitness. A second requirement has been made in regards to complaints procedures in accordance with Regulation 22.

Number of requirements	2	Number of recommendations:	0
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4.4 Is care effective?

The UCO was informed by some of the service users and relatives interviewed that there were concerns regarding the carers’ timekeeping; examples given included medication not being administered at the correct time and service users with a history of falls or dementia trying to carry out tasks themselves.

One service user and one relative interviewed also informed the UCO that they had experienced a small number of missed calls from the agency. Concerns regarding care sometimes being rushed were also raised with the UCO by a number of people interviewed.

Service users advised that they were usually not introduced to new carers by a regular carer and, on occasions, double calls are carried out by two new carers. It was also confirmed that new carers are sometimes not aware of the care required.

Issues regarding communication between the service users, relatives and staff from Quality Care were raised with the UCO. The service users and relatives advised that home visits have taken place and they have received questionnaires from the agency to obtain their views on the service, however the same issues continue to be a problem.

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

- “Poor communication when the carers are really late.”
- “They speak to my XXX who has dementia about the service.”
- “Very happy with the care.”

During the home visits the UCO reviewed the agency’s documentation in relation to six service users and an issue regarding the signatures on the log sheets was noted.

All matters raised during the UCO discussions were shared with the manager (registration pending). The regional manager and manager (registration pending) confirmed ongoing issues with staffing have been prevalent within the agency over the past year and changes to management structure have further impacted on this. Both the regional manager and manager (registration pending) confirmed they are currently recruiting further staff alongside reviewing staff rota’s, introduction of new staff to service users and staff recording. Review of service user and staff quality monitoring during inspection confirmed compliance with the agency’s own

procedures. The inspector hence discussed the robustness of the quality monitoring processes given that the matters highlighted to the UCO were not being identified by the agency and addressed; a recommendation has been stated.

The agency's recording policy and associated procedures on 'Record keeping and reporting' had been revised in 2016. The agency maintained recording templates in each service user's home file on which care staff record their visits. The inspector reviewed three completed records returned from service user's homes, which confirmed some gaps in procedures. Issues were also identified during the UCO review of service users home records; a recommendation has been made.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by their senior staff to ensure effective service delivery. One staff questionnaire comment stated, 'safety is essential and is always used in my 8 years with the company'.

The manager (registration pending) confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with six care staff during the inspection did not supported review of this topic with staff stating that team meetings did not take place routinely. Review of staff team meeting records did not support an ongoing process for meetings or an agenda which reflected the area of recording and reporting. This matter was discussed with the manager (registration pending) for review.

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 relevant assessments and risk assessments from professionals as necessary. The assessments and care completed by the agency ongoing evidence that service users and/or representative's views are obtained and where possible incorporated. The service user guide and agreement 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. Review of service user agreements did not support consistency of information provided in accordance with the Standard 4.1 timeframe; a recommendation has been made. The agency have not been requested to provided the service user guide in an alternative format but confirmed this would be accommodated as necessary to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. The inspector did discuss the robustness of this quality monitoring process given the feedback from service users and their families during the UCO communications; a recommendation has been made. Questionnaires are provided for service users to give feedback on an annual basis. Evidence of this process was reviewed during inspection in terms of the annual quality report. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other trust professionals and evidence of this process was reviewed during inspection.

The agency has completed their annual quality report for 2016 and this was reviewed during inspection. The inspector found that annual commissioner feedback had not been obtained and this has been recommended. The registered manager confirmed a summary of findings and improvements planned are not provided to service users, staff or commissioners. Assurances were provided during inspection that information would be shared with all stakeholders going forward.

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.

One staff questionnaire 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

Five areas for improvement were identified during the inspection and relate to auditing of staff working practices in accordance with Standard 8.10 and service user quality monitoring in accordance with standard 8.2 Service user records completed by staff have been recommended for review in line with standard 5.2 alongside review of the timeframes for issuing service user agreements. Commissioner inclusion in the annual quality review and report has also been recommended.

Number of requirements	0	Number of recommendations:	5
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4.5 Is care compassionate?

Although a number of issues were raised with the UCO, the majority of the service users and relatives felt that the carers are, in the main, are doing their best to provide a good standard of care. However the high turnover of staff was felt to be putting carers under additional pressure.

Views of service users and relatives have been sought through home visits and questionnaires to obtain the views of service users and relatives; however the same issues continue to be a problem. Examples of some of the comments made by service users or their relatives are listed below:

- "XXX gets on well with them."
- "The carers do the best they can but seem to be under pressure."
- "Regulars do a very good job."

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users' homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. This matter was discussed with the manager (registration pending) during inspection in terms of the effectiveness of the agency's processes; a recommendation has been made in the section 'Is care effective' in this regard. Where issues regarding staff practice had been highlighted via other processes such as complaints the registered manager presented evidence to support appropriate follow up processes to address matters arising.

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.

One staff questionnaire received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. The questionnaire 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 ongoing basis through home visits by the agency management team and regular phone contacts. Records reviewed during inspection support ongoing review of service user's needs with evidence of revised care plans but did highlight that matters being raised during UCO contact with service users were not consistently being identified by the agency; a recommendation has been made under the section 'Is care effective'. Quality monitoring from service user visits alongside monthly quality reports and the annual quality report evidenced positive feedback from service users and their family members but again the inspector highlighted potential shortcomings in the process given the UCO feedback received. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'I couldn't have cared for her XXX without the staff' (phone call from family member).
- 'A heartfelt thanks to all those who attended my XXX' (Thank you card from family).
- 'XXX does miss you all and the friendly chats. They became her family over the years' (Thank you email from family).

Areas for improvement

Two areas for improvement were identified during the inspection and have been detailed within the section 'Is care effective'. Two areas for improvement relate to the effectiveness of the agency's current quality monitoring processes for service users and staff.

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 Manager, Mrs Julia Wade (registration pending) the agency provide domiciliary care to 306 people living in their own homes.

Discussion with the manager (registration pending) 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 manager (registration pending). Staff confirmed that they had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One service user and two relatives advised that issues had been raised with management and that the issues had yet to be resolved to their satisfaction.

Concerns regarding the management of the agency were raised during the interview in relation to high turnover of staff, consistency of carers, timekeeping and the pressure on the carers. This feedback was discussed with the manager (registration pending) during inspection and is highlighted within the above sections of this report.

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 a range of complaints logged. Review of three complaints during inspection did not fully support appropriate procedures in place. Follow up quality monitoring with service users as part of the action plans had not been completed; a requirement has been stated under the section 'Is care safe'. Monthly quality monitoring reports included a section for complaints review ongoing as necessary. The inspector has requested submission of the monthly quality reports ongoing from the date of inspection to review quality monitoring procedures are robust.

Discussion with the manager (registration pending) supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A number of medication reportable incidents and safeguarding matters had occurred since the previous inspection and were reported accordingly to RQIA.

The inspector reviewed the monthly monitoring report for October 2016. The report evidenced that the regional manager monitors the quality of service provided in accordance with minimum standards. Reports are reviewed and signed off ongoing by the registered person and evidence of this process was confirmed during inspection. Submission of monthly reports to RQIA have been required going forward as detailed above.

The six care staff interviewed indicated that they felt supported by senior staff who were described as, available to discuss matters both in person or via telephone. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff supported that current staffing arrangements are not appropriate in meeting service users' needs due to the continued changes in rota's and staff shortages. This was shared with the manager and regional manager during inspection feedback. The staff questionnaire returned to RQIA commented, office staff are always helpful and very well organised.

Ongoing electronic and written 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

Two areas for improvement were identified during the inspection regarding quality monitoring of service users and staff and review of the monthly quality monitoring process and report.

Number of requirements	1	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Julia Wade, manager (registration pending) and the Regional Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the domiciliary care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 and Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection and ongoing.</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>(Regarding 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).</p>
	<p>Response by registered provider detailing the actions taken: All care staff are to complete a Health Declaration Form during the recruitment process. This can be found on the Operations Guides on BRS under Care Worker Recruitment. This is to be reviewed and checked by Branch Manager before transfer from ATS (Applicant Tracking System) and file signed off before shadowing commences. All recruitment of staff and compliance to be monitored by the traffic light system on ATS. Once a new recruit is ready to be transferred to work force. File must be checked by Branch Manager and signed off in the appropriate section before staff are able to commence work. Gaps in employment and references to be double checked before transfer to workforce from ATS.</p>
<p>Requirement 2</p> <p>Ref: Regulation 22(6)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection and ongoing.</p>	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p>
	<p>Response by registered provider detailing the actions taken: All complaints to be loaded onto BRS (Branch Reporting System) along with the internal file with complaints log at the front. Branch Manager to upload all supporting documentation to the event on BRS and cannot be closed for sign off until Regional Manager and Regional Director approve the final outcome.</p>
<p>Requirement 3</p> <p>Ref: Regulation 23(2)(3)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection and ongoing submission of reports to RQIA.</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> (i) what services to offer them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.

	<p>(3) The report referred to in paragraph(2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p>
	<p>Response by registered provider detailing the actions taken: Quality Monitoring is to be completed monthly and submitted to Branch Manager for review to ensure that any issues raised are acted on immediately and appropriately. QA telephone calls to be carried out every 3 months to all Service Users and this is to be applied to BRS. This will also be reviewed monthly by Regional Manager when doing Branch Returns and RQIA monitoring reports</p>
<p>Recommendations</p>	
<p>Recommendation 1 Ref: Standard 8.10 Stated: First time To be completed by: With immediate effect from the date of inspection and ongoing.</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>Response by registered provider detailing the actions taken: Branch Manager to audit and monitor that all processes surrounding recruitment, supervision, care planning, safeguarding etc are being followed in line with City & County’s policies that can be found on the Operations Guide on BRS. A master file of all policies to be made available for office and care staff to consult.</p>
<p>Recommendation 2 Ref: Standard 5.2 Stated: First time To be completed by: With immediate effect from the date of inspection and ongoing.</p>	<p>The records maintained in service users homes are maintained in accordance with Standard 5.2.</p> <p>Response by registered provider detailing the actions taken: All old care plans and record sheets to be replaced with immediate effect by Home Care Log Books and training on New Risk Assessments and Care Plans to be done.</p> <p>Quality Assurance to be monitored closely and carried out every 3 months per Service User.</p> <p>All record sheers to be replaced with home care log books with immediate effect. Training to be organised in Care Plans and Risk Assessments.</p>

<p>Recommendation 3</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 and ongoing.</p>	<p>Each service user and, if appropriate, his or her carer/representative is provided with a written individual service 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> <hr/> <p>Response by registered provider detailing the actions taken: All Service Users to receive an updated Service Guide with new Manager's details and all new Service Users to have a visit within 5 days of commencement with a full file in place and visit record. To be completed by 31.01.2017</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection and ongoing.</p>	<p>The registered manager ensures the agency deliver services effectively on a day-to-day basis.</p> <p>(Regarding service user quality monitoring)</p> <hr/> <p>Response by registered provider detailing the actions taken: Branch Manager to monitor the quality of services being delivered through QA and ensuring that all issues are picked up and followed through promptly. Any issues whether be, missed visits, medication, safeguarding, incidents and accidents are to be put on BRS and followed up with the appropriate process as specified in agencies policies and with guidance from Quality Team. Regional Manager to sign off all events once closed and this will be recorded at time of Branch Return and monthly RQIA report that is submitted to the registered person for review.</p>
<p>Recommendation 5</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 01 June 2017</p>	<p>The registered manager is recommended to evaluate the quality of services on at least an annual basis and follow up action taken. Key stakeholders are involved in the process.</p> <hr/> <p>Response by registered provider detailing the actions taken: Monthly independent monitoring to be carried out by Regional Manager, to include key stakeholders, such as HSCT representatives and commissioners of the service. This will then be reviewed and signed off for any actions by the Registered Person for the organisation. Monthly reports will be sent to RQIA on completion for review of the monthly monitoring process to ensure that we capture the revised processes recommended above in line with Standard 8.12. This will also be reflected in the agencies annual quality report.</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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