

# Announced Care Enforcement Inspection Report 8 August 2018



## Extra Care

**Type of Service: Domiciliary Care Agency**  
**Address: Lucas Exchange, 1 Orchard Way, Greystone Road,  
Antrim, BT41 2RU**  
**Tel No: 02894482939**  
**Inspector: Jim McBride**  
**Senior Inspector: Amanda Jackson**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Extra Care is a domiciliary care agency providing services to all Health and Social Care Trust (HSCT) areas in Northern Ireland with exception to the Western HSCT area. Services provided include personal care, assistance with meals and respite sits (day and night). The agency currently provides services to 695 individuals living in their own homes. Services are provided by 325 Staff.

## 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Extra Care Ltd</p>	<p><b>Registered Manager:</b> Mary Lorraine Collins</p>
<p><b>Responsible Individual:</b></p>	

Brian Ronald Hutchinson	
<b>Person in charge at the time of inspection:</b> Brian Ronald Hutchinson and Mary Lorraine Collins	<b>Date manager registered:</b> Mary Collins - 4 November 2016

#### 4.0 Inspection summary

The purpose of the inspection was to assess the level of compliance achieved by the agency regarding two failure to comply notices issued to the registered person on 7 June 2018. The date for compliance with the notices was 8 August 2018.

The Regulation and Quality Improvement Authority (RQIA) had completed an unannounced inspection on 31 May 2018 in follow up to concerns raised regarding failure to provide appropriate service provision and lack of adequate contingency measures in place to address staff shortages.

The outcome of the inspection resulted in two failure to comply notices (FTC's) being issued. One failure to comply notice related to the agency's failure to ensure the safety and well-being of service users and to safeguard them against abuse or neglect.

The second failure to comply notice related to the lack of appropriate staff supervision.

Given the assurances provided following the inspection of 31 May 2018, RQIA made the decision to issue a Quality Improvement Plan (QIP) outlining a number of areas for improvement and additionally, in accordance with Regulation 23 (2) (3), the responsible individual was required to forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice. RQIA further requested submission of weekly reports outlining the service provision, service failures and reporting requirements to the NHSC Trust.

Following review of the weekly reports from 11 June 2018 RQIA remained in contact with the Northern Health and Social Care Trust (NHST) and Extra Care to advise of ongoing concerns regarding service failures.

In light of these concerns, RQIA undertook an unannounced inspection 25 July 2018 to seek assurance that improvements were being implemented within the service to sufficiently ensure the safety and well-being of service users and to safeguard them against abuse or neglect.

The inspection sought to examine the agency's staffing arrangements, monitoring processes, communication and reporting procedures.

#### **The following areas were examined during the inspection:**

- Staffing levels – including recruitment and induction.
- Weekly reports submitted to RQIA and the NHST with evidence to support appropriate and timely communication of service failures to the NHST.
- Review of Extra Care's compliance with their protocol on Missed and Late calls.

The inspectors reviewed the records for the week commencing 16 July which highlighted eight service failures due to two staff related errors. It was noted that both matters were not due to

be reviewed with the two staff members involved for more than a week following the matter arising.

This was not found to be in keeping with the agency's own protocol on missed and late calls and the timeframes stated within the protocol. The inspectors discussed the importance of following up on staff errors in a timely manner and in line with the agency's protocol to ensure staff competence.

Extra Care had been requested to update the protocol to reflect the process for all levels of staff in relation to service failure procedures. Records relating to staff discussions are recommended to be recorded on staff files and within weekly reports submitted to RQIA.

A further announced inspection took place on 8 August 2018 from 10.00 to 14.45. This inspection was underpinned by Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to assess the level of compliance achieved in relation to two failure to Comply (FTC) Notices issued on the 7 June 2018. The areas identified for improvement and compliance with the regulations were in relation to regulation 14 (a) & (b) and regulation 16 (4) the date of compliance with the notices was 8 August 2018.

During the inspection evidence was not available to validate compliance with the Failure to Comply Notices. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, a decision was made to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with the notices must be achieved by 7 September 2018.

During the inspection the quality improvement plan (QIP) issued on the 31 May 2018 was reviewed and a number of areas have been restated relating to regulations/standards: Regulations: 16 (a) & (b), 16 (4), 16 2 (a), 21 (1) (c) and Standard 8 3.

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
<b>Total number of areas for improvement</b>	4	1

Areas for improvement relating to the two failure to comply notices and details of the Quality Improvement Plan (QIP) were discussed with Mr Brian Hutchinson the responsible individual and Mary Lorraine Collins the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Extension to the enforcement notices resulted from the findings of this inspection.

The Failure to Comply Notices expired on 8 August 2018. An inspection of Extra care on 8 August 2018 found that the agency had made some progress to comply with regulations set out in the notices. In order to provide the agency with additional time to reach full compliance, the notices have been extended until 7 September 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:

- Weekly reports provided by the agency to RQIA and the NHSC Trust.
- HSC trust contact records in respect of service users and or relatives.
- Action plans provided by the agency to RQIA and to the NHSCT for information.
- Information received by RQIA about the agency or received from the agency.

During the inspection the inspectors met with Mr Brian Hutchinson the responsible individual and Mrs Mary Lorraine Collins, registered manager and a selection of supervisory and administration staff.

The following records were examined during the inspection:

- Information relating to the two failure to comply notices.
- The quality improvement plan (QIP).
- Daily logs of care provided in people's homes.
- A selection of staff supervision and appraisal records.
- Records of late, missed or cancelled care calls.
- Information regarding contact with service users and HSC Trusts regarding missed and late care calls.
- Late and missed calls protocol.
- Complaints log.
- Monthly quality monitoring reports for June and July 2018.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met. Further information is included in the quality improved plan (QIP) that forms part of this report.

The findings of the inspection were provided to the Brian Hutchinson Responsible individual and Mary Collins, registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 31 May 2018

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

This returned QIP was validated by the inspectors during the inspection of the 8 August 2018 and a number of areas for improvement have been restated.

## 6.2 Review of areas for improvement from the last care inspection dated 31 May 2018

Areas for improvement from the last care inspection		Validation of compliance
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b></p> <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (a) (b) <b>FTC00005</b></p> <p><b>Stated:</b> First time</p> <p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person must undertake an audit of all missed or late calls in 2018 and ensure that relevant agencies (RQIA, HSC Trusts) are notified of these. The agency has made some progress with their auditing; however some further actions are required.</p> <p>The registered person must develop and implement a robust system for ensuring that service users receive their care calls in a timely manner. The agency has made some progress with their call times however, some further actions are required.</p> <p>The registered person must review the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively.</p> <p>Until further notice, a weekly report must be submitted to RQIA detailing any missed service user calls and actions taken as a consequence.</p>		<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered person has undertaken an audit of all missed or late calls in 2018 and implemented a system for ensuring that service users receive their care calls in a timely manner. The agency have submitted weekly reports to RQIA and the NHSCT.</p> <p>This area for improvement has been restated</p>		

	<p>in relation to the following area:</p> <p>The registered person must review the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively.</p> <p>During the inspection it was noted that a number of services failures/late call had not been communicated effectively to service user and or their representatives, Including the relevant trust representative.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16(1) (a)</p> <p><b>Stated:</b> First time</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The agency provided evidence of staff recruitment and training that would support that there is an appropriate number of staff employed for the current purposes of the agency. Discussions with the registered person and registered manager confirmed that the staff compliment was now in keeping with the requirements of the service commissioned.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (4)</p> <p><b>FTC000006</b></p> <p><b>Stated:</b> First time</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(4) The registered person shall ensure that each employee receives appropriate supervision. The registered person must ensure that an audit of staff supervision records is undertaken, and that a plan is developed to ensure that any identified gaps are addressed in accordance with the minimum standards and the agency's policies and procedures.</p> <p>The registered person must ensure that the methods of staff supervision are reviewed, to ensure that they are appropriate for the work</p>	<p><b>Not Met</b></p>

	<p>the staff are to undertake.</p> <p>The registered person must ensure that staff that has the responsibility of undertaking staff supervision are suitably trained to undertake their role.</p>	
	<p><b>Action taken as confirmed during the inspection:</b>                  Evidence reviewed during inspection supported that the agency had undertaken an audit and developed a plan to ensure that any identified gaps are addressed in accordance with the minimum standards and the agency’s policies and procedures.</p> <p>Evidence in place did show that a number of staff supervisions had taken place and were appropriate to the work undertaken.</p> <p>The agency was unable to clearly demonstrate that training has been completed by all staff that are responsible for the supervision of other staff. This area for improvement resulted in the notice being extended until 7 September 2018.</p>	
<p><b>Area for improvement 4</b>  <b>Ref:</b> Regulation 16(2)(a)  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that each employee of the agency—                  (a)receives training and appraisal which are appropriate to the work he is to perform;</p> <p><b>Action taken as confirmed during the inspection:</b>                  The agency could not clearly demonstrate that appraisals had been completed for all staff. This area for improvement has been restated.</p>	<p><b>Not met</b></p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 21 (1)(c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement has been restated as a number of records requested during the inspection were unavailable.</p> <p>Records which were not available during inspection related to phone calls to service users regarding service failures and records of staff supervision training records.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 22 (6)</p> <p><b>Stated:</b> First time</p>	<p>(6) The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors reviewed two complaints that had been received during 2018. Records available were up to date at the time of inspection, and the complaints were resolved satisfactorily and in line with the agency’s policy and procedures.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 22 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall, within the period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors reviewed two complaints that had been received during 2018. Records available were up to date at the time of inspection, and the complaints were resolved satisfactorily and in line with the agency’s policy and procedures.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 22(8)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall maintain a record of each complaint, including details of the investigations made the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors reviewed two complaints that had been received during 2018. Records available were up to date at the time of inspection, and the complaints were resolved satisfactorily and in line with the agency’s policy and procedures.</p>		
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation complaints 23(2)(3)(4) and (5)</p> <p><b>Stated:</b> First time</p>	<p>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"> <li>(a)arranges the provision of good quality services for service users;</li> <li>(b)takes the views of service users and their representatives into account in deciding—</li> <li>(i)what services to offer to them, and</li> <li>(ii)the manner in which such services are to be provided; and</li> <li>(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.</li> </ul> <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>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors confirmed that two monthly monitoring reports were available and up to date at the time of inspection.</p>		

	The agency no longer are required to forward these reports to RQIA as weekly reporting will remain in place until further notice.	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time	The registered person shall ensure that all staff are familiar with, and work in line with the agency's policies and procedures. This refers specifically to the staff's role in recognising and reporting missed calls.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been restated as a number of late calls had not been consistently reported to service users/family members.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.10 <b>Stated:</b> First time	The registered person shall ensure that working practices are systematically audited to ensure that they are consistent with the agency's documented policies and procedures. This refers specifically to the auditing of daily logs returned from service users' homes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspectors reviewed a number of daily care recording logs. The auditing of the records in place were found to be satisfactory.	

### 6.3 Inspection findings

This inspection focused on the actions contained within the FTC Notices issued on 7 June 2018. The areas for improvement from the last care inspection on 31 May 2018 were also reviewed as part of the inspection and a number of areas have been carried forward to the next care inspection.

During an unannounced inspection undertaken on 31 May 2018 the agency's arrangements for providing staff with appropriate supervision were deemed to be inadequate.

It was concerning to note that there was a lack of evidence in the personnel files reviewed, of the staff having had any formal supervision or any observation of their practice. This was particularly concerning in light of reports received from service users' representatives in relation to poor moving and handling practices. Failure to provide staff with appropriate supervision has the potential to place service users and staff at risk or harm.

In relation to this notice a number of actions were required to comply with this regulation.

- The registered person must ensure that an audit of staff supervision records is undertaken, and that a plan is developed to ensure that any identified gaps are addressed in accordance with the minimum standards and the agency's policies and procedures.
- The registered person must ensure that the methods of staff supervision are reviewed, to ensure that they are appropriate for the work the staff are to undertake.
- The registered person must ensure that any staff that have the responsibility for undertaking staff supervision are suitably trained to undertake their role.

### **Areas for improvement**

- The registered person must ensure that staff who have the responsibility for undertaking staff supervision are suitably trained to undertake their role.

During an unannounced inspection on 31 May 2018, there was evidence to demonstrate that the safety and well-being of service users had been placed at risk due to a substantial number of missed and late calls. The review of the records identified that there were a significant number of missed calls, most notably within, but not limited to, the Cookstown/Magherafelt area. Given that there had been a steady increase in the numbers of missed calls since February 2018, it was very concerning that the agency had not taken timely action to safeguard the service users against abuse or neglect.

Inspection findings identified that the numbers of missed calls had increased significantly between February and May 2018. The review of the agency's missed calls log evidenced that the agency had not been aware of all the missed calls, nor had they reported all missed calls to the Health and Social Care Trust (HSC Trust). There was limited evidence to demonstrate that the responsible individual had taken appropriate action in a timely manner, to address the concerns and safeguard the service users.

A number of service users had their personal care provided by one care worker when their needs assessment and care plan stated they required the assistance of two carers.

Where one service user had missed calls, the family members had been relied upon to provide the care on three days. This service failure had not been identified by the agency until raised by the Community Services Manager, through the Trust's validation processes.

Examination of a care record evidenced a varied pattern of service provision with significant gaps noted across a 14 day period. This resulted in an elderly family member taking on care tasks.

Due to late calls, a number of service users had their personal care needs met by family members and meal times were too close together.

A number of service users' representatives had raised their concerns with the agency's management team; however, these concerns had not been recorded within the agency's complaints record.

In relation to this notice the following a number of actions were required to comply with this regulation.

- The registered person must undertake an audit of all missed or late calls in 2018 and ensure that relevant agencies (RQIA, HSC Trusts) are notified of these.

- The registered person must develop and implement a robust system for ensuring that service users receive their care calls in a timely manner.
- The registered person must review the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively.
- Until further notice, a weekly report must be submitted to RQIA detailing any missed service user calls and actions taken as a consequence.

#### **Areas for improvement:**

- The registered person must review the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively.
- Until further notice, a weekly report must be submitted to RQIA detailing any missed service user calls and actions taken as a consequence.

### **6.4 Conclusion**

During this inspection consistent evidence was not available to validate compliance with the Failure to Comply Notices. However, there was evidence of a number of areas of improvement and progress made to address the required actions within the notices. Following the inspection, a decision was made to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with the notices has therefore been extended until 7 September 2018.

### **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 Brian Hutchinson the responsible individual and Mrs Mary Lorraine Collins the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (a) (b) <b>FTC00005</b></p> <p><b>Stated:</b> Second time</p> <p>Compliance needs to be met on or before 7 September 2018</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>The registered person must undertake an audit of all missed or late calls in 2018 and ensure that relevant agencies (RQIA, HSC Trusts) are notified of these.</p> <p>The registered person must develop and implement a robust system for ensuring that service users receive their care calls in a timely manner.</p> <p>The registered person must review the system for communication with service users and/or their' representatives, to ensure that any matters impacting on service delivery are communicated effectively.</p> <p>Until further notice, a weekly report must be submitted to RQIA detailing any missed service user calls and actions taken as a consequence.</p> <p>Ref 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> We have been preparing and submitting a weekly report to the Trust and R.Q.I.A. setting out details of missed calls, service failures and complaints being detected by or reported to us in the previous week (ending each Sunday). The report has been submitted before the 5pm on each Tuesday after the end of the reported week.</p> <p>This has been delivered since wc 11th June 2018</p> <p>In response to the feedback from RQIA during a recent inspection, we have updated our Missed, Late and Cancelled Call Protocol and will ensure compliance with it, including the requirement to make timely contact with the service user and Trust in the event of a missed, late or cancelled call.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (4) <b>FTC00006</b></p> <p><b>Stated:</b> Second time</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>(4) The registered person shall ensure that each employee receives appropriate supervision.</p>

<p>Compliance needs to be on met or before 7 September 2018</p>	<p>The registered person must ensure that an audit of staff supervision records is undertaken, and that a plan is developed to ensure that any identified gaps are addressed in accordance with the minimum standards and the agency's policies and procedures.</p> <p>The registered person must ensure that the methods of staff supervision are reviewed, to ensure that they are appropriate for the work the staff is to undertake.</p> <p>The registered person must ensure that any staff, who have the responsibility of undertaking staff supervision, are suitably trained to undertake their role. Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> We will ensure that all staff responsible for conducting staff supervisions have been adequately trained to do so and will retain records as evidence of that training.</p>
<p><b>Area for improvement 3</b> Ref Regulation 16.(2) (a) <b>Stated:</b> Second time <b>To be completed by:</b> Immediate from the inspection date</p>	<p>The registered person shall ensure that each employee of the agency— (a) receives training and appraisal which are appropriate to the work he is to perform. Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> We will ensure that each employee receives appropriate training and appraisal within suitable timescales and retain records as evidence of that training.</p>
<p><b>Area for improvement 4</b> Ref: Regulation 21 (1) (c) <b>Stated:</b> Second time <b>To be completed by:</b> Immediate from the inspection date</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are— (c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority. Ref:6.3</p> <p><b>Response by registered person detailing the actions taken:</b> We will retain and maintain suitable records that demonstrate compliance with our procedures and make those records available for inspection to persons authorised by the Regulation and Improvement Authority.</p>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>	
<p><b>Area for improvement 1</b> Ref: Standard 8.3 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that all staff are familiar with, and work in line with the agency's policies and procedures.</p> <p>This refers specifically to the staff's role in recognising and reporting missed calls.</p>

<b>To be completed by:</b> Immediate from the inspection date	Ref:6.3
	<b>Response by registered person detailing the actions taken:</b> We will ensure that our staff are familiar with and work in line with our policies and procedures and will maintain appropriate evidence to support that fact, particularly in relation to the reporting of late, missed or cancelled calls to service users, their next of kin and the Trust.

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



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