

Unannounced Care Inspection Report 17 August 2018



Ballymena Community Services

Type of Service: Domiciliary Care Agency

**Address: Ballymena Health and Care Centre, 86 Cushendall Road,
Ballymena, BT43 6HB**

Tel No: 02825635567

Inspector: Marie McCann

User Consultation Officer: Clair McConnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Ballymena Community Services is a domiciliary care agency which is part of the Northern Health and Social Care Trust (NHSCT). The agency provides a range of personal care, meal provision, social support, household tasks and sitting services to people living in their own homes. Service users have a range of diagnosis's including dementia, mental health, learning disability and physical disability.

3.0 Service details

Organisation/Registered Provider: NHSCT Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs Elaine Calvert
Person in charge at the time of inspection: Manager from another locality who was the person in charge in the absence of the registered manager.	Date manager registered: 04 June 2009

4.0 Inspection summary

An unannounced inspection took place on 17 August 2018 from 09.30 to 17.10.

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

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

Evidence of good practice was found in relation to: adult safeguarding, monitoring the professional registration of staff, communication with service users and other key stakeholders, the provision of compassionate care, complaints management, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regards to staff induction, mandatory training, care plans and management of service user information.

Comments made by service users are included within the report.

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	2	3

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge and two senior managers from the NHSCT, 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 19 October 2017.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 October 2017.

5.0 How we inspect

Prior to the inspections a range of information relevant to the service was reviewed. This included the following records:

- unannounced care inspection report and quality improvement plan dated 19 October 2017
- incident notifications which evidenced that no incidents had been notified to RQIA since the last care inspection on 19 October 2017
- communications received since the last care inspection on 19 October 2017

As part of the inspection the User Consultation Officer (UCO) spoke with five service users and five relatives, either in their own home or by telephone, on 15 and 16 August 2018 to obtain their views of the service. The service users spoken with informed the UCO that they received assistance with the following:

- management of medication
- personal care
- meals
- sitting service

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

During the inspection the inspector met with the person in charge, a home care worker, an area manager and the head of domiciliary care services.

The following records were examined during the inspection:

- Three service users' individual care records
- Three staff induction records
- Three staff personnel files
- A sample of minutes of care staff meetings from 4 September 2017, 26 April 2018, 27 June 2018
- A sample of incidents/complaints from October 2017 to August 2018
- A sample of agency staff rotas
- Processing of Personal Information Policy
- Managerial Support and Supervision Policy Guidelines for Managers/Supervisors of Social Care staff within Adult Services
- Complaints Policy
- Adult Safeguarding Policy
- Whistleblowing Policy
- Staff handbook
- Service User Guide

- Statement of Purpose March 2018

During this inspection the person in charge was asked to display a poster prominently within the agency’s registered premises which invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. Two staff questionnaires were returned.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The inspector would like to thank the person in charge, staff and service users for their support and co-operation during the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 October 2017.

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

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

6.2 Review of areas for improvement from the last care inspection dated 19 October 2017

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 21 (1) Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained.	Met
	This area for improvement relates to ensuring that the alphabetical index of service users, including the full name, address and telephone number of each of them, is maintained and at all times available for inspection.	
	Action taken as confirmed during the inspection: The inspector confirmed that an alphabetical index of service users, including the full name, address and telephone number of each of them, is maintained and was available for	

	review at the time of inspection.	
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6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The UCO was advised by all of the service users and relatives spoken with that they had no concerns regarding the safety of care being provided by the NHSCT's homecare service. New care workers are usually introduced to the service user by a regular member of staff; this was considered to be important both in terms of the service user's security and that the new care worker had knowledge of the required care needs of the service user.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling, use of equipment and management of medication. All of the service users and relatives spoken with confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Brilliant; every one of them is great."
- "Very friendly and helpful."
- "No complaints whatsoever."

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included the review of staffing arrangements in place within the agency.

The agency has a Human Resources (HR) department which manages the recruitment process of staff. An RQIA inspector visited the agency's Human Resources Department on the 12 December 2017 to review a number of recruitment records, and verified that pre-employment information and documents had been obtained as required for each of the care workers. The documents reviewed were satisfactory.

Feedback from service users and relatives who spoke with the UCO in addition to discussions with staff and review of agency rotas confirmed that the agency had appropriate staffing levels to meet the assessed needs of their service users. A review of a sample of the agency's rotas identified that rotas were organised and structured.

A review of a sample of the agency's induction records for care staff and discussion with the person in charge established that there was a lack of evidence relating to the provision of a minimum of three days structured orientation and induction programme for newly appointed staff. Subsequent to the inspection the inspector sought assurances that immediate action was being taken to ensure that a structured induction programme was in place which had regard to the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care. RQIA were provided with a detailed action plan and were assured that the agency had a system in place to achieve compliance and to ensure that care staff are competent to carry out the duties of their job in line with the agency's policies and procedures, which includes the procedures for protecting vulnerable adults and for safeguarding children and young people.

The importance of ensuring that a robust system for the induction and orientation of newly appointed staff is adhered to was discussed. An area for improvement has been made in this regard.

It was positive to note that in addition to a mandatory training programme, care staff attended a six day homecare workers development programme, which included training in areas such as dementia awareness, person centred planning, values, managing service users money, palliative care, bone health and preventing falls, behaviours which challenge, tissue viability, hearing impairment and consent and capacity.

Discussions with a staff member evidenced that they had access to a mandatory training programme to support them in fulfilling the roles and responsibilities of their job. The inspector noted that training records within staff files were not up to date and evidence of training attended was also not available. The person in charge advised that staff do not routinely provide copies of certificates obtained from training events attended for their personnel file. However, staff attendance at training events could be confirmed via the NHSCT electronic system. The inspector highlighted the need for records to be appropriately maintained of all staff training. The inspector was advised that a new system was being implemented which provided a master training needs matrix which would detail when staff training updates had been completed and would highlight ongoing training needs as per the agency's policy. A review of the existing training database identified that training was out of date for some care staff with respect to adult safeguarding and infection prevention and control. An area for improvement was made in this regard.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was identified that the agency has updated its policy and procedures to reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention to Protection in Partnership' July 2015 and its associated Operational Procedures September 2016. The organisation has also identified an Adult Safeguarding Champion (ASC). Discussion with the person in charge and a staff member confirmed that they had good awareness of the pathway for reporting any identified safeguarding matters appropriately. The inspector was advised that there had been no safeguarding referrals since the last inspection.

The agency's whistleblowing policy and procedure were reviewed and found to be satisfactory. The staff member spoken with accurately described how to escalate any concerns regarding the wellbeing of a service user or the practice of a colleague. The staff member described that open communication with the staff team promoted a timely and effective response and that staff could access support out of hours.

All staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory bodies. The person in charge confirmed that information regarding registration details and renewal dates were maintained by the NHSCT social care governance department; an email is generated to the manager advising when a staff member's renewal date is pending. The person in charge confirmed that upon receipt of this email they liaise with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation's governance department.

The two returned staff questionnaires indicated that the respondents were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to and monitoring the professional registration of staff.

Areas for improvement

Two areas for improvement were identified in regards to the agency's induction/orientation programme and staff training.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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

No issues regarding communication between the service users, relatives and staff from the NHSCT's homecare service were raised with the UCO. The service users and relatives advised that home visits had taken place to obtain their views on the service. Some of the service users and relatives spoken with were also able to confirm that they had received a questionnaire from the agency.

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

- "Have no complaints. It's a very good service."
- "They stay as long as is necessary."
- "Have got to know them and have a laugh together."

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users and it was noted on a small number of occasions the carers had not recorded the time the call was completed on the log sheets.

The agency's arrangements for appropriately assessing and meeting the needs of service users were examined during the inspection. The full range and nature of the provision is laid out in the agency's Statement of Purpose, 2018.

On the day of inspection the inspector chose a random sample of service users' care records. The records reviewed included referral information received from the appropriate referring NHSCT keyworker/professionals and contained information regarding service users and/or their representatives. The referrals detailed the services being commissioned and typically included relevant assessments and risk assessments, as necessary. One service user record viewed did not contain the relevant assessment required for the use of bed rails. This was discussed on the day of inspection and assurances were provided that the relevant district nursing assessment would be supplied to the agency. The inspector highlighted the importance of

ensuring that any practices that may be deemed restrictive are appropriately assessed and reviewed in consultation with the service user and/or their relative and clearly documented. Although care plans viewed on the day of inspection contained a description of required care tasks, they lacked sufficient information and did not reflect details of service users' assessed levels of need or management of risks. An area for improvement was made in this regard.

Within the records viewed, examples were found which demonstrated effective and timely liaison with the multi-disciplinary team in order to address changes in service users' needs. However, the inspector noted in one care contact record that the document had not been signed. This was brought to the attention of the person in charge on the day of inspection and assurances were given that this would be addressed with staff.

The inspector evidenced arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Discussion with the person in charge and review of service user records evidenced that the agency carried out ongoing reviews with services users and/or their representatives to ensure service user needs were being met. These were routinely attended by the service users' NHSCT keyworker. The records viewed on the day of inspection confirmed that service users were satisfied with the care provided and that no concerns were raised. In addition, the agency obtained feedback from service users during monitoring telephone calls and visits to review staff practice. An annual quality assurance satisfaction survey was also undertaken; a senior manager advised that due to the low questionnaire return rates last year the agency increased the number of questionnaires randomly sent to service users this year. The questionnaires have recently been returned and the agency is in the process of reviewing these and developing the annual report.

The person in charge described effective communication systems in use within the staff team to ensure that staff receive information relevant to the care and support of service users. Staff had access to the management team via telephone; including out of hours support and regular staff meetings. However, the inspector identified that the process for ensuring that staff received relevant information regarding service user's care needs prior to commencement of a care package was not consistent across the service. Issues were identified regarding staff receiving insufficient details to enable safe and effective care to be provided to service users and a potential breach of the agency's information governance arrangements. Following the inspection, the NHSCT forwarded to RQIA an action plan outlining proposed actions to fully investigate these identified shortfalls. The NHSCT also provided details of an action plan focusing on addressing any practice not compliant with the agency's information governance arrangements. Two areas for improvement have been made in this regard.

It was noted that team meetings were held with staff groups in the areas they worked within. The frequency and agenda of the team meetings varied depending on issues relevant to the specific teams. The inspector recommended that minutes of team meetings should be reviewed to ensure that a consistent standard of recording the information discussed is maintained, that outcomes are documented and staff signatures are obtained. It was positive to note the quality improvement focus of team meetings. A team meeting held on the 27 June 2018 evidenced discussion of the need for ongoing vigilance and recognition of carbon monoxide poisoning; the importance of maintaining service user confidentiality and recording.

The two returned staff questionnaires indicated that the respondents were very satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with service users and other key stakeholders.

Areas for improvement

Three areas for improvement were identified during the inspection in regards to care plans and management of service user information.

	Regulations	Standards
Total number of areas for improvement	2	1

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

All of the service users and relatives spoken with by the UCO felt that their care was delivered in a compassionate manner. They advised that carer workers treat them with dignity and respect, and that care had not been provided in a rushed manner. Service users, as appropriate, are given choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits or questionnaires to ensure satisfaction with the care that has been provided by the NHSCCT's homecare service. Examples of some of the comments made by service users or their relatives are listed below:

- "They're like a breath of fresh air coming in."
- "XXX was very fond of them; liked having a joke or laugh with them."
- "Always a smile when they come in."

Discussions with the person in charge and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. It was positive to note the agency's home care information pack, which is supplied to newly appointed staff, provides information on the agency's confidentiality policy along with an information leaflet which is a guide to the practice/values which are expected of them in their role in respect of equality and human rights.

A senior manager confirmed that the agency have provided staff with a copy of the Health and Social Care document: Equality, Good Relations and Human Rights: A training manual for staff with the expectation that all care staff will confirm that they have read and understood the document by October 2018.

A sample of a care folder received by service users upon commencement of a care package was noted to contain a Service User Guide, Statement of Purpose, a directory of services, details of advocacy services, continence service, good morning call service, falls prevention advice and the most recent annual quality report. There was a notice on the folder to advise service users that each document can be made available upon request in a number of alternative formats.

A review of a sample of staff monitoring visits evidenced that the agency had effective governance processes for quality assuring the care provided to service users. Staff were monitored to ensure that care delivery maintained and promoted service users' dignity, and independence while being treated with respect. A sample of records reviewed highlighted no concerns regarding staff practice during spot checks/monitoring visits. It was positive to note the involvement of service users during monitoring visits, and this was evidenced by the presence of their signature alongside the care workers and home care officers. The monitoring visits were also audited by the registered manager.

The two returned staff questionnaires indicated that the respondents were very satisfied that the care provided 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 sharing of information with service users.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

All of the service users and relatives spoken with 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.

The inspector assessed the agency's management and governance arrangements in place to promote the delivery of safe, effective and compassionate care. The RQIA registration certificate was up to date and displayed appropriately. The person in charge on the day of inspection and staff who met with the inspector could clearly describe staff roles and responsibilities and the process for obtaining support from senior management if required. The agency's organisational and management structure that identifies the lines of accountability and specific roles was noted to be available within the staff handbook and the agency's Statement of Purpose.

The agency maintained a complaints and compliments record, which was audited on a monthly basis. The person in charge described the complaints process which was in keeping with the agency's complaints policy. The complaints policy was noted to be appropriately detailed and included informal, formal, appeal and external resolution processes. Details of the role of RQIA and the Northern Ireland Commissioner for Complaints were included. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints. The Statement of Purpose and Service User Guide also provided service users and/or their relatives with details of how to make a complaint.

The agency's governance arrangements to highlight and promote the identification of and management of risk were inspected. All incidents and accidents are recorded on electronic system which are reviewed and audited by the manager, area manager and the agency's governance department. A sample of notifications reviewed identified that in addition to the electronic system a record pertaining to individual service users were maintained in their care records. The process for management of incidents is also clearly detailed in the home care worker handbook.

Examination of records and discussion with staff indicated that a system was in place to ensure that staff received supervision and annual appraisals in line with the agency's supervision policy.

The inspector confirmed that monthly quality monitoring reports were available for review since the last care inspection. Samples of records were viewed for March 2018, May 2018 and June 2018. Positive feedback was noted from consultation with service users and HSCT representatives. The inspector advised that feedback from consultation with service users, their relatives, staff and HSCT representatives should have a unique identifier so that feedback is traceable; the senior manager agreed to implement this. The records demonstrated a monthly audit of the conduct of the agency takes place including a review of the number of incidents and complaints and file audits. The inspector noted that actions identified were not always carried over for review the following month; the senior manager confirmed a review of the template would be made to include this. The inspector advised that guidance for completion of the monthly quality monitoring visit reports was available on the RQIA website should they wish to review this.

The agency had a range of policies and procedures in place to guide and inform staff. While the domiciliary care standards requires policies and procedures to be subject to a systematic three yearly review it was noted that the review date of two policies sampled had not been reviewed within the timescales identified, namely the Supervision policy and the Processing of Personal Information (POPI) policy. This was brought to the attention of the senior manager during the inspection for further consideration and action as appropriate.

The care staff spoken with as part of the inspection process indicated that they felt supported by the management team to fulfil their roles and responsibilities, in addition they felt able to raise any concerns and were confident that they would be listened to. The staff member stated: "I could absolutely go to xxxx if I had any issues."

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 person in charge and senior managers confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the person in charge 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 and assessment process. The person in charge and the senior managers advised that this data collated is to inform the care and support provided.

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
- individual person centred care
- individual risk assessment
- disability awareness

One returned staff questionnaire indicated that the respondent was very satisfied that the service was well led care, while the other staff respondent indicated that they were satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

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

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge and two senior managers from the NHCST, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 16(1)(b)(i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from date of inspection</p>	<p>The registered person shall ensure that 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>(b) appropriate information and advice are provided to persons employed for the purposes of the agency, and are made available to them at their request, in respect of—</p> <p>(i) service users and their needs in respect of prescribed services;</p> <p>This relates specifically to ensuring that care staff receive sufficient information regarding service users' individually assessed care needs prior to being involved in the delivery of care.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered manager has liaised with all Social Work teams to request full information regarding Service Users individually assessed care needs and this information will be included in the Service User records to enable staff to access and refer to at onset of service and thereafter. This comprehensive information will be shared with care staff verbally and through provision of Service User record which will now contain the full Domiciliary Referral information (9 pages).</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from date of inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This relates to, but is not limited to: ensuring service user care records are kept in a secure manner.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In accordance with Regulation 21 (Records) and Schedule 4, the Registered Manager ensures that we maintain an alphabetical index of service users, including full name, address and telephone number, next of kin and Soscare identification number.</p> <p>An alphabetical index of Domiciliary Care workers, including staff numbers is maintained.</p> <p>Social Media Issue raised by a Homecare Worker on day of Inspection.</p> <p>1. Staff on this rota were contacted on 17th August PM and told to desist from their practice immediately.</p> <p>2. Team meeting took place on Monday 20th August to gather</p>

	<p>preliminary information, share Information Governance responsibilities and arrange for Area Manager to meet with staff to commence Investigation.</p> <p>3. Incident raised through Trust Datix system from which a Trust wide learning alert will be raised.</p> <p>4.Homecare Worker and Homecare Officer mobile phone guidance shared and recorded in Team meeting minutes</p> <p>4 A thorough Investigation commenced on the 11/9/18 and was completed 21/9/18 which found that practice was not widespread within the team. All Staff are now very much aware of the Policy around Social Media and use of same and understand that this medium (Whats App) must never be used for the sharing of sensitiveservice user information. Upcoming training for Homecare Officers and Homecare workers will address this theme. ,</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from date of inspection</p>	<p>The registered person shall ensure that newly appointed staff are required to complete structured orientation and induction, having regard to NISCC’s Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency’s policies and procedures.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>. The Registered Manager will ensure that newly appointed staff have completed structured orientation and induction and has put an action plan in place to evidence mandatory training completion for newly appointed staff.</p> <p>Safeguarding training including DVD for new staff (7) completed 13/9/18 and mop up training for 2 staff unable to attend -12/10/18 Further safeguarding (Face to face) arranged for December 18. NISCC Induction Standards programme with 8 new staff to commence mid October 2018. NISCC will attend our managers workshop in November 2018 to provide training for the managers re completion of NISCC workbooks.Departmental Induction Programme is still under review and will be shared, once agreed. No new staff have been appointed since August 18. We will ensure that they receive Safeguarding,Manual Handling and Infection Control DVDs prior to commencement and that we will continue to book new staff on to next available mandatory training.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: As previously stated,the Registered manager will ensure that</p>

<p>With immediate effect from date of inspection</p>	<p>mandatory training requirements are met through</p> <ol style="list-style-type: none"> 1. Mandatory training provision organised from now- December 2018. 2. NISCC Induction Standards programme rollout. 3. Departmental Induction (under review).
<p>Area for improvement 3</p> <p>Ref: Standard 3.3</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2018</p>	<p>The registered manager ensures that the care plan includes information on:</p> <ul style="list-style-type: none"> • the care and services to be provided to the service user • directions for the use of any equipment; • the administration or assistance with medication; • how specific needs and preferences are to be met; and • the management of identified risks. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has put arrangements in place to ensure that care plans contain detailed information on the care and services to be provided to the Service User.</p> <p>That directions for the use of equipment are included in the Service User Record which staff access for reference .Registered Manager will ensure that any outstanding bed rails assessments will be accessed from Social Work files and placed in Service User files and requests have been made to our District Nursing colleagues to supply assessments held by themselves. This work is ongoing.</p> <p>That the arrangements for the administration or assistance with medication are clear.</p> <p>That specific needs and preferences are explored and agreed upon prior to commencement of service or at onset.</p> <p>That Risk assessments are in place and pertain to environment and Service User care needs.</p>

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



The **Regulation** and
Quality Improvement
Authority

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