



# Unannounced Care Inspection Report 12 March 2019



## Carrickfergus Community Services

**Type of Service: Domiciliary Care Agency**  
**Address: Carrickfergus Health Centre, Taylors Avenue,  
Carrickfergus, BT38 7HL**  
**Tel No: 02893315966**  
**Inspector: Marie McCann**  
**User Consultation Officer: Clair McConnell**

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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**

Carrickfergus Community Services is a Northern Health and Social Care Trust (NHSCT) domiciliary care agency based at Carrickfergus Health Centre. The agency provides a range of personal care services, meal provision and sitting services to people living in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> NHSCT  <b>Responsible Individual:</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Mrs Helen Thompson
<b>Person in charge at the time of inspection:</b> Mrs Helen Thompson	<b>Date manager registered:</b> 16 October 2018

### 4.0 Inspection summary

An unannounced inspection took place on 12 March 2019 from 09.10 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 determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding procedures, service user engagement and collaborative working. Further areas of good practice were also noted in regard to monitoring the professional registration of staff and the provision of staff support.

Areas requiring improvement were identified in relation to staff induction, staff mandatory training, the management of calls to service users, care planning, recording of communication between staff and monthly quality monitoring visit reports.

Service users' comments are included throughout 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
<b>Total number of areas for improvement</b>	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Helen Thompson, registered manager, and the domiciliary care locality manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 19 February 2018

No further actions were required to be taken following the most recent inspection on 19 February 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:

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection 19 February 2018
- unannounced care inspection report from 19 February 2018
- user consultation officer (UCO) report

As part of the inspection, the UCO spoke with two service users and four relatives, by telephone, on 19 and 20 March 2019 to obtain their views of the service. The service users consulted with receive assistance with personal care from the service.

During the inspection the inspector met with the registered manager, four care staff, the domiciliary care locality manager and the area manager.

The following records were examined and/or discussed during/following the inspection:

- Induction records for three recently recruited members of staff.
- Four service users' care records.
- A sample of service users' daily task records.
- The agency's staff training matrix.
- A sample of staff supervision/appraisals records.
- A sample of the agency's complaints/compliments from February 2018.
- A sample of staff roster information.
- A sample of the agency's record of incidents and accidents since December 2018 to 6 March 2019.
- A sample of monthly quality monitoring reports from November 2018 to March 2019
- Complaints Policy, August 2016.
- Whistleblowing Policy, February 2018.
- Domiciliary Homecare Worker handbook, 2018
- Statement of Purpose, December 2018.
- Service User Guide.

At the request of the inspector, the registered manager was asked to display a poster within the agency office. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no response was received.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the agency, as appropriate to allow staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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

The findings of the inspection were provided to the 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 19 February 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 19 February 2018

There were no areas for improvement made as a result of the last care inspection.

## 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 inspector reviewed the agency's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the agency.

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks had been completed; the outcome of the checks are retained by the HR department.

Discussion with the registered manager and the review of the personnel files evidenced that the agency provided a minimum of a three day induction programme. The registered manager described the system of new staff shadowing experienced staff until deemed competent to fulfil their role. A review of induction records for three members of staff evidenced that each person had signed a statement confirming their receipt and understanding of the agency's safeguarding procedure. The registered manager also confirmed that staff did not commence their role until

successfully completing all aspects of mandatory training relevant to their role. However, dates on which inductees shadowed more experienced staff are not referenced within induction records. It was agreed with the registered manager that induction records would reference this aspect of the induction process going forward. While some induction information was available for one inductee in relation to certificates for training, there was no formal induction record available. An area for improvement was made.

It was noted that the agency maintained two rosters in order to schedule visits by care staff to service users. While a review of this information and feedback from the registered manager provided assurances that staff were allocated sufficient time to visit each service user, neither roster clearly evidenced the start and end time for these calls. The registered manager was advised to ensure that such information is clearly documented on roster information.

It was positive to note that in addition to a mandatory training programme, new care staff attend a six day Homecare Worker's Development programme, which includes training in areas such as dementia awareness, health and safety, information governance, adult safeguarding, personal care, values, managing service users' money, palliative care, dysphasia, fire safety, behaviours which challenge, tissue viability, foot care, food safety, continence, hearing impairment and consent and capacity. The registered manager advised that these sessions typically occurred bi-annually.

The inspector viewed the agency's system to ensure that all staff receive appropriate training to fulfil the duties of their role. A training matrix is maintained to monitor and review compliance levels in relation to training completed. However, it was noted that training updates for significant number of staff were overdue. An area for improvement was made. Discussion with the registered manager highlighted that there is currently a rolling training programme underway for all staff in relation to dementia awareness and understanding behaviours which challenge in addition to dysphasia awareness.

A discussion with the registered manager confirmed that there had been no adult safeguarding referrals made since the last care inspection. The registered manager and staff spoken with during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

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 registered manager, area manager and the NHSCT governance department. The registered manager advised that an audit of incidents are also undertaken on a monthly basis by the area manager as part of the monthly quality monitoring visit to identify any patterns or trends and develop further action plans as required.

However, a review of incident records did highlight that a number of calls to service users had been missed, a majority of which arose due to errors relating to the staff roster. It was stressed to the registered manager that staff rosters must be effectively managed so as to ensure the safety and well-being of all service users. An area for improvement was made which includes submission of an action plan to RQIA by the agency outlining how this issue will be managed.

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 homecare service and no issues regarding the carers' training were raised with the UCO. They reported that care is usually provided by small teams of carers; this was felt to be important both in terms of the service users' security and that the carer was familiar with the care required. All of the service users and relatives consulted 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:

- “(They are) very good to me.”
- “Couldn’t do enough for us.”
- “No problems with any of them.”

Discussion with staff during the inspection evidenced that they felt the care provided was safe. The following is an example of a comment made:

- “There is always some training; it is good to get updates because things can change.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff knowledge of adult safeguarding procedures.

**Areas for improvement**

Three areas for improvement were identified in relation to staff inductions, staff mandatory training and the management of calls to service users.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

**6.5 Is care effective?**

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

The agency’s arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of this service provision is laid out in the agency’s Statement of Purpose. The agency provides care on behalf of NHSCT which is agreed in consultation with the service users and/or their representatives.

The UCO was informed by the service users and relatives spoken with that they had no concerns regarding the carers’ timekeeping, missed calls or that care has been rushed. In addition, no issues regarding communication between the service users, relatives and staff from the NHSCT homecare service were raised with the UCO.

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

- “Never let us down.”
- “I can speak with the supervisor if I’ve any concerns.”
- “Consistency is good. They’re like part of the family.”

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements and the records were organised and clearly indexed.

The inspector chose a random sample of four service users' care records. The records reviewed included information received from the appropriate referring NHSCT keyworker/professionals and contained relevant information regarding service users and/or their representatives. The referrals detailed the services being provided and typically included assessments and risk assessments, as necessary. It was positive to note that written consent from service users was obtained in regard to staff providing assistance with the administration of medication.

Although care plans viewed on the day of inspection contained a description of required care tasks, it was noted that they lacked sufficient detail. For instance, some care plans had not been updated to reflect changes in required care following professional recommendations made by the multi-professional team. Some care plans also lacked holistic information about service users' assessed needs and/or preferences and were task orientated rather than person centred. Therefore, these identified care plans did not consistently reflect details of service users' assessed levels of need/preferences, and/or management of associated risks as outlined in the Domiciliary Care Agencies Minimum Standards, 2011, Standard 3.3. An area for improvement was made in this regard.

A review of records evidenced that samples of previously completed daily record sheets which had been collected from service users' homes, had been subject to a quality assurance audit focusing on the standard of record keeping by care staff. No concerns were highlighted.

Staff discussed the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice. Staff stated that they effectively communicate with each other, service users and their relatives, and that any change in a service user's needs or concerns was reported in a timely manner. Staff confirmed they had effective access to the management team via telephone including out of hours support.

A review of service users' files also evidenced that a record of some communications by Homecare officers (HCO's) in respect of service users had been maintained. However, it was highlighted that not all conversations between homecare officers and care staff had been documented. For example, there was no written record of care staff being updated concerning recommendations made by the multi-professional team in regard to pressure area care for an identified service user. An area for improvement was made. It was also recommended that the timing of all telephone calls are recorded and that staff signatures against such records are legible.

It was noted within those service users' records examined that the agency completed service user annual reviews. The records evidenced no concerns being expressed by the service users during the reviews. Of the four records viewed, three had been completed within expected timescales while one remained overdue. The registered manager agreed to action this and confirm its completion with RQIA.

A review of team meeting minutes since the last inspection evidenced that they had a varied agenda. Several team meetings were held across a number of dates by the home care officers with different staff groups. A review of the minutes of meetings held in July 2018, November 2018 and February 2019 evidenced a quality improvement focus with discussion regarding items such as Northern Ireland Social Care Council (NISCC) registration requirements, daily safety checks, confidentiality, skin checks, openness on reporting, and 'FAST' stroke information. In addition, the organisation sends out a staff newsletter bi-annually; review of the August 2018 newsletter noted information on matters such as learning alerts arising from Serious Adverse Incidents (SAI's), skin care guidance for staff, whistleblowing and General Data Protection Regulation (GDPR) information for staff. The registered manager further

advised that they have commenced a bi-annual health and well-being meeting for staff at the end of 2018 which aims to provide staff with the opportunity to raise any issues or identify training needs.

Discussion with staff during the inspection evidenced that they felt the care provided was effective. The following is an example of a comment made:

- “HCO’s ensure you have all the information you need before starting a new care package ... can ring office if any queries or concerns regarding service users and they always take action and let you know what has been done.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to service user engagement and collaborative working.

**Areas for improvement**

Two areas for improvement were highlighted in regard to care planning and recording of communication between staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.6 Is care compassionate?**

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

Discussions with the registered manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation.

The service users and relatives advised that home visits and phone calls have 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.

All of the service users and relatives spoken with by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as appropriate, are given their choice in regards to personal care.

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

- “I get on well with them.”
- “They stay and have a chat with me.”
- “Can hear them laughing away together.”

Staff spoke knowledgeably about the importance placed on recognising the individual needs of service users and how best to support each service user taking into account individual preferences.

The inspector reviewed the agency’s governance arrangements for quality assuring the care provided to service users. The registered manager advised that the staff undergo spot checks to monitor and review care practices. A record is maintained of the spot checks in staff personnel files. The four staff personnel records examined evidenced a record of such spot checks having been undertaken, with no areas for concern identified. It was positive to note that service user engagement was an integral aspect to these spot checks with service users’ signatures being obtained where possible. Staff spot checks included a focus on various elements of care delivery such as: encouraged participation of service users, maintaining service user dignity and treating service users with respect. This practice is commended.

Upon commencement of a care package, service users are provided with a folder which contains a range of information, including the agency’s statement of purpose. The statement of purpose includes details of: the NHSCT’s complaints procedure, the Patient and Client Council, the Northern Ireland Public Service Ombudsman (NIPSO) and RQIA. The folder also contained information about available community services, the agency’s annual quality report, falls prevention advice and guidance in regard to how the NHSCT processes personal information.

The registered manager confirmed the agency’s ability to provide a range of information for service users in alternative formats, such as braille, large print or other languages, upon request. The agency has also been able to access interpreting services for a service user to ensure effective communication and equality of service.

Discussion with staff during the inspection evidenced that they felt the care provided was compassionate. The following is an example of a comment made:

- “Service users get a good service...it could be any one of us needing the care.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the agency.

**Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

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

The inspector sought to assess the agency’s leadership, management and governance arrangements to meet the assessed needs of service users. The RQIA registration certificate was up to date and displayed appropriately. The registered manager 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.

Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities in relation to the legislation.

All of the service users and relatives spoken with by the UCO 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.

As part of the agency's review of compliance with the new GDPR, the registered manager advised that GDPR information had been cascaded to staff and included in the staff newsletter.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of these evidenced that they had been updated within required timescales. Feedback from staff confirmed that they could access online policies and procedures in the agency office, as required.

The agency maintained a complaints record, which was audited on a monthly basis. The registered manager demonstrated good awareness of the agency's complaints procedure. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints. A review of the agency's complaints records since the last inspection evidenced that the agency had received three complaints and they had been managed appropriately.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as the NISCC. Information regarding registration details and renewal dates are monitored by the registered manager. The registered manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated. The registered manager confirmed that all staff are currently registered or in the process of registering within expected timescales. The inspector reviewed the agency's homecare handbook and noted that the document should be reviewed and updated in a number of areas to reflect developments such as the mandatory registration of all social care staff with NISCC.

Discussion with the registered manager confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. The staff spoken with on the day of inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and described an open door policy for discussions with the management team. A review of a sample of records evidenced that staff received supervision, appraisal and a visit to monitor care practices, on an annual basis. The registered manager advised that the new supervision policy is in the process of being implemented and this will likely increase the frequency of staff supervision.

A sample of monthly quality monitoring visit reports were reviewed since the last care inspection. The available reports had been completed by the area manager who has a working knowledge of the service. Records viewed were noted to lack evidence of consultation with service users, their relatives, agency staff and referring professionals. In addition, the progress of action plans are required to be recorded during subsequent visits. An area for improvement has been made in this regard.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal

process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement to provide care.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with staff during the inspection evidenced that they felt the service was well led. The following is an example of a comment made:

- “I feel able to raise any concerns with management.”

### Areas of good practice

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

### Areas for improvement

An area for improvement was identified in regard to monthly quality monitoring visit reports.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Helen Thompson, registered manager and the domiciliary care locality manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

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

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a robust system is implemented and maintained which ensures that scheduled calls to service users are provided as required.</p> <p>The agency will also submit a robust action plan to RQIA with the returned QIP which clearly outlines how relevant governance processes have been improved and how these will be subject to ongoing monitoring and quality assurance.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> An additional process was implemented immediately for weekly checks on all rotas, to be carried out by two Home Care Officers to ensure cover (Template attached). This is audited by the Domiciliary Care Locality Manager.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 23 (1)(4)(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• a system is maintained for evaluating the quality of the services which the agency arranges to be provided.</li> <li>• 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.</li> <li>• the system shall provide for consultation with service users and their representatives.</li> </ul> <p>This relates to the improvement of the monthly quality monitoring visit reports.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Area Manager will continue to carry out Monthly Quality Monitoring Reports, which will include all consultations with service users, their relatives, agency staff and referring professionals. The Area Manager will ensure all follow on action from previous Monthly Quality Monitoring Report is recorded and detailed.</p>

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff induction records are completed in a timely, comprehensive and detailed manner at all times.</p> <p>Ref: 6.4</p>
<p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> An Induction template has been created to show all aspects of the induction process and evidence of completion. This includes 3 days in house induction, 3 shifts of shadowing an experienced member of staff or until deemed competent plus all mandatory training. The staff member and line manager both date and sign each element of induction.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all staff receive mandatory training, including any required refresher training, within expected timescales.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager and Area Manager hold a monthly accountability meeting with each individual line manager which highlights their staff who require training which is due or nearing expiry.</p> <p>Implimentation of an accountability record for each line manager will focus nominations required for training.</p> <p>Colour coding has also been implimented on the training matrix to highlight those staff due for training in order for them to be prioritised.</p> <p>Implimentation of a Nominations template for good communication within office.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 3.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 April 2019</p>	<p>The registered person shall ensure that person centred care plans are in place for service users and which includes the following information, as required:</p> <ul style="list-style-type: none"> <li>• the care and services to be provided to the service user</li> <li>• directions for the use of any equipment</li> <li>• the administration or assistance with medication</li> <li>• how specific needs and preferences are to be met</li> <li>• the management of identified risks</li> </ul> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Information on appropriate detail to be included in the care plan will be passed to all Social Work Teams who make referrals to this agency. It will also be raised at the Professional Social Work Forum to ensure adherence monitored.</p> <p>In addition, Head of Service has tabled this issue at Senior Management Accountability Meeting. Social Work Service Lead will address and opened invite to Domiciliary Care Head of Service and Area Manager to attend Senior Social Work Forum.</p> <p>Registered Manager and Area Manager met with Core Team Managers including District Nursing Sister, Senior Social Worker and Community Team Manager on 12.04.19 to discuss rationale for pursual by Home Care Staff regards essential specific detail ie. specific tasks detailed on signed care plans and bed rail assessments etc.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 10.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that an accurate and contemporaneous written record is made of all telephone calls made by staff in relation to the care of service users. Staff signatures against such records must also be made in a legible manner at all times.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> This was tabled at team meeting and also being reinforced as a standing agenda item. Also addressed with individual line managers at individual supervision.</p>

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



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