

# Unannounced Domiciliary Care Agency Inspection Report 10 November 2016



## Jackie's Domiciliary Care

**Type of service: Domiciliary Care Agency**

**Address: Unit T2, Dungannon Enterprise Centre, 2 Coalisland Road,  
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**Inspector: Amanda Jackson**

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## 1.0 Summary

An unannounced inspection of Jackie's Domiciliary Care took place on 10 November 2016 from 09.30 hours to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was not found to be delivering safe care in all areas. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. Records reviewed during inspection identified gaps in one staff record in relation to Access NI and reference information. A serious concerns meeting was held with the registered person at RQIA offices on 29 November 2016 in respect of recruitment practices in line with Regulation 13 and Schedule 3 and assurances provided at this time in respect of the actions taken by the agency. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. Where matters had arisen in relation to safeguarding the agency had followed procedures in line with the Health and Social Care Trust (HSCT) in respect of two cases. The third matter did not support appropriate procedures by the agency and a requirement has been made. Staff quality monitoring practices evidenced during inspection have been recommended for review to ensure robust processes are in place in respect of staff recording and consistency and length of call times.

Four areas for quality improvement were identified.

A requirement has been made in relation to Regulation 13 and Schedule 3 regarding Access NI and employer references. A requirement has been stated regarding review of the child protection policy. Safeguarding referrals and records are required for review in accordance with Regulation 12(a). A recommendation has been made in respect of staff quality monitoring in accordance with standard 8.10.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care plans. The agency's systems of service user quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

Two areas for quality improvement have been identified and relate to staff recording in service users' home files in compliance with standard 5.6 and review of the annual quality process to include all stakeholders.

## Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

Two areas for quality improvement were identified, one relating to staff recording as detailed under the above section 'Is care effective'. The second area for improvement relates to the annual quality report and inclusion of all stakeholders.

## Is the service well led?

On the day of the inspection the agency was not found to be consistently well led. The management review of staff recruitment practices was not found to be consistent in respect of Access NI checks and employer references and a requirement has been made under the above section 'Is care safe'. The area of staff quality monitoring was found to be compliant with the agency procedures but was discussed in terms of robustness in respect of monitoring staff recording, timing and consistency of calls to service users; a recommendation has been made. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

Two areas for quality improvement were identified regarding review of the quality assurance policy and procedure in accordance with Standard 9 and Appendix 1 and revision of the monthly monitoring process in accordance with Regulation 23(2)(3). The registered person has been required to submit future monthly quality monitoring reports to RQIA for review.

Three further areas for quality improvement were identified as detailed under the domains 'Is care safe' and 'Is care effective', regarding recruitment and quality monitoring practices.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Jacqueline Ryan, Registered person and registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

In accordance with RQIA's Enforcement Policy and Procedures, a meeting was held with the registered person at RQIA offices on 29 November 2016 to discuss concerns identified during inspection that the quality of care and service falls below the required regulation.

In advance of this meeting, RQIA advised the registered person in writing of RQIA's concerns identified in relation to Regulation 13 (a) and (d) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At this meeting, the registered person provided an account of the actions they have taken and the arrangements they have made to ensure the improvements necessary to achieve full compliance with the required regulation.

RQIA considered the information provided at the meeting of 29 November 2016 and was satisfied that the assurances provided by the registered person would achieve and sustain the improvement required to comply with the above regulation.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 January 2016.

### 2.0 Service details

<b>Registered organisation/Registered person:</b> Jackie's Domiciliary Care/Mrs Jacqueline Ryan	<b>Registered manager:</b> Mrs Jacqueline Ryan
<b>Person in charge of the service at the time of inspection:</b> Mrs Jacqueline Ryan	<b>Date manager registered:</b> 08 June 2009

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered person
- Consultation with two care workers
- Examination of records
- File audits

- Evaluation and feedback.

Prior to the inspection the User Consultation officer (UCO) spoke with four service users and five relatives, either in their own home or by telephone, on 28 October and 03 November 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals.

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

On the day of inspection the inspector met with two care staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered person was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. One staff questionnaire was returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Three recently recruited staff members induction and training records
- Training and development policy and procedure
- Supervision and appraisal policy and procedure
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- Three staff duty rotas
- Staff handbook
- Vulnerable adults policy and procedure
- Child protection policy and procedure
- Three vulnerable adult records
- Whistleblowing policy and procedure
- Three new service user records regarding referral, assessment, care planning and review
- Records and information policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three service users home recording records
- Quality assurance policy and procedure
- Four monthly monitoring reports completed by the registered person
- One compliment
- Three staff meeting minutes
- Three communications to trust professionals/keyworkers regarding changes to service users care

- Confidentiality policy and procedure
- Complaints policy and procedure
- Three complaints records
- Policy on reporting adverse incidents and untoward incidents.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 21 January 2016**

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 21 January 2016**

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 15(2)(c) <b>Stated:</b> First time <b>To be Completed by:</b> Immediate from the date of inspection	The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, prepare or ensure that a written plan (“the service user plan”) is prepared which shall-	<b>Met</b>
	(b)specify how those needs are to be met by the provision of prescribed services.  <b>Action taken as confirmed during the inspection:</b> Review of three service user records by the inspector supported care plans in place by the commissioned trust.  Review of five service user records during the UCO visits highlighted two care plans which required review. These matters were brought to the attention of the registered person and assurances provided that they would be addressed.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 9.4 <b>Stated:</b> First time <b>To be Completed by:</b> 25 February 2016	Policies and procedures are dated when issued, reviewed or revised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Policies and procedures reviewed during inspection were found to be compliant with Standard 9.4.	

### 4.3 Is care safe?

The agency currently provides services to 56 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were reviewed relating to recently appointed staff. The registered person verified all the pre-employment information and documents had been obtained as required however review of one staff file highlighted gaps in compliance with Regulation 13 and Schedule 3 regarding Access NI and employer reference information. A second staff record did not contain a statement by the registered person or manager regarding staff fitness to practice. A serious concerns meeting was held with the registered person at RQIA offices on 29 November to discuss non-compliance with Regulation 13 and Schedule 3. At the meeting the registered person provided confirmation that appropriate action had been taken to ensure compliance with the regulations and assurances were given that compliance will be maintained in accordance with legislation. A requirement has been made in respect of Regulation 13 and Schedule 3.

An induction programme had been completed with each staff member. This process does not incorporate the Northern Ireland Social Care Council (NISCC) induction standards as staff are not currently registered with NISCC. The registered person confirmed all staff will be registered in line with NISCC timeframes in 2017 and induction will be updated accordingly. Two care staff interviewed during the inspection day had commenced employment within the previous year. Both staff members described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Jackie's Domiciliary Care. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

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

- “Valuable service especially the security checks.”
- “Absolutely no concerns.”
- “Gives the family peace of mind.”

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 (‘Adult Safeguarding Prevention and Protection in Partnership’). The agency’s whistleblowing policy and procedure was found to be satisfactory. Review of the child protection policy took place during inspection as the service provides care to children. The policy requires review in respect of referral procedures to other authorities such as the Independent safeguarding authority (ISA), the Northern Ireland Social Care Council (NISCC) and RQIA; a requirement has been stated.

Staff training records viewed for 2015/2016 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs. Training is facilitated by the agency registered person with additional training sourced externally as required. Discussion during inspection with two care staff confirmed satisfaction with the quality of training offered.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. The inspector discussed the robustness of staff quality monitoring in identifying recording shortfalls and in reviewing matters raised by service users during UCO visits in respect of consistency of staff and length of call times; a recommendation has been made in this regard. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

One staff questionnaire received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Safeguarding was discussed during the inspection; the registered person confirmed several matters have arisen since the previous inspection. Review of three safeguarding records supported appropriate actions taken by the agency in two of the three cases. The third matter had limited information regarding actions taken by the agency in referring the matter to the HSCT and subsequent actions taken. This matter was discussed during inspection and a requirement has been made in respect of future matters arising.

Both of the care staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out ongoing review of services with service users/representatives. The registered person confirmed that the agency implements an ongoing quality monitoring process and this was evident during review of three service users’ records. The inspector did however discuss the robustness of this monitoring in identifying recording shortfalls by staff and in reviewing matters raised by service users during UCO visits in respect of consistency of staff and length of call times; a recommendation has been made in this regard. The registered person confirmed that trust



reviews take place periodically and these were evident within two service user records reviewed during inspection. Ongoing communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group. However, several service users did highlight that care can be rushed on occasions and this feedback was shared with the registered person for review.

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

### Areas for improvement

Four areas for improvement were identified during the inspection. The registered person is required to ensure staff recruitment procedures are compliant with Regulation 13 and Schedule 3 in respect of staff Access NI checks, employer references and registered person sign off regarding staff fitness to practice. Review of the child protection policy and procedure has been required regarding referral arrangements to other authorities. All safeguarding matters are required to be appropriately recorded and referred to the HSCT in accordance with Regulation 12(a). Staff quality monitoring is recommended for review in accordance with standard 8.10 to include review of staff recording in service user's homes.

<b>Number of requirements</b>	<b>3</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. One relative advised that they had experienced a small number of missed calls from the agency which had been addressed by management. Service users advised that they were introduced to new carers by a regular carer and new carers were aware of the care required.

No issues regarding communication between the service users, relatives and staff from Jackie's Homecare were raised with the UCO. The majority of the service users and relatives interviewed advised that home visits and phone calls have taken place and they have received questionnaires from the service to obtain their views on the service. They also confirmed that they had been involved in trust reviews regarding the care package.

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

- "Couldn't speak highly enough."
- "The girls don't stay very long."
- "Couldn't complain at all."

As part of the home visits the UCO reviewed the agency's documentation for five service users and issues relating to the recording of calls, signatures and recording of times in the log sheets were noted. Two care plans also require to be updated. All matters were discussed with the registered person during inspection and a recommendation has been made in respect of staff recording.

The agency's recording policy and associated procedures on 'Records and information' had been revised in 2015. The agency maintained recording templates in each service user's home file on which care staff recorded their visits. The inspector reviewed three completed records returned from service users' homes, which confirmed gaps in staff completing signatures.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager, area manager or team leader if any changes to service users' needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by the area managers or team leaders to ensure effective service delivery.

The registered person confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with two care staff during the inspection supported review of this topic as necessary and this was confirmed upon review of staff meeting agenda's and minutes. The inspector recommended that staff who are unable to attend the meeting are furnished with the meeting minutes to ensure shared learning, the Registered person provided assurances this recommendation would be implemented.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments by professionals as necessary. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care needs and this was confirmed during inspection within three files reviewed. Feedback from the UCO also confirmed ongoing quality monitoring of the service. Questionnaires are issued to service users on an annual basis to provide feedback in respect of the service. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other trust professionals and evidence of this process was reviewed during inspection.

The agency is currently completing their annual quality report for 2016. Review of the 2015 report did not evidence feedback from staff and commissioners. The matter was brought to the registered person's attention during the inspection and a recommendation has been made. The registered person confirmed a summary of findings and improvements planned from the 2016 report will be provided to service users over the coming weeks and also confirmed the report will be shared with the staff team at the next staff meeting.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

One staff questionnaire received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

**Areas for improvement**

Two areas for improvement were identified during the inspection. The registered person shall ensure that service user home records are completed by staff in accordance with standard 5.6 and inclusion of all stakeholders in the annual quality review process in accordance with standard 8.12.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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**4.5 Is care compassionate?**

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate and carers treat them with dignity and respect; however two service users felt that care can be rushed. This feedback was shared with the registered person and assurances provided that matters would be kept under review.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Jackie’s Homecare. Examples of some of the comments made by service users or their relatives are listed below:

- “The carers have got to know XXX and how to work with her.”
- “Lovely, friendly girls.”
- “Very good to my XXX.”

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users’ homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. The inspector discussed with the registered person the need to identify unsatisfactory practice around staff recording as highlighted during UCO and inspector review of service user home recording sheets; and to address such matters on an ongoing basis to ensure compliance with standard 5.6. A recommendation has been made.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The staff questionnaire received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. The questionnaire also supported appropriate information is provided to service users regarding their rights, choices and decisions about care

The agency implement service user quality monitoring practices on an ongoing basis through home visits by the area managers and team leaders. Records reviewed during inspection support ongoing review of service user’s needs with evidence of revised care and support plans. Quality monitoring from service user visits alongside monthly quality reports evidenced

positive feedback from service users and their family members. One compliment reviewed during inspection provided the following information in support of compassionate care:

- ‘Girls are very good’ (Service user feedback during monthly phone contact).

### Areas for improvement

Two areas for improvement were identified during the inspection regarding staff quality monitoring in respect of recording and review of the annual quality process to include all stakeholders.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person (who is also the registered manager) Mrs Jacqueline Ryan the agency provides domiciliary care to 56 people living in their own homes.

Discussion with the registered person and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered person. Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently. Review of the quality assurance policy and procedure is recommended to ensure all processes for quality assuring the service are detailed in accordance with standard 9 and appendix 1; a recommendation has been made.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One service user and one relative advised that they had made complaints to the agency and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with three complaints arising. Review of these complaints during inspection supported appropriate procedures in place. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered person supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No reportable incidents were stated by the registered person to have occurred since the previous inspection. The inspector viewed one potential safeguarding matter during review of monthly monitoring reports. This matter may have been reportable to RQIA under

joint protocol however the registered person was unable to confirm this as the matter had been managed by the area manager. A requirement regarding safeguarding referrals has been made.

The inspector reviewed the monthly monitoring reports from August to November 2016. Recent revision of the reports support a more detailed process and evidenced that the registered person had commenced monitoring the quality of service provided in accordance with minimum standards. The inspector highlighted the need to ensure the report content is legible for inspection review and that each report clearly references the service users, relatives, staff and commissioners contacted during the monitoring process. The inspector has requested submission of the monthly monitoring reports to RQIA for the coming months to ensure a robust process is maintained in compliance with Regulation 23(2)(3).

The two care staff interviewed indicated that they felt supported by the registered manager, area managers and team leaders who are available to discuss matters both in person or via telephone. Staff discussed quality monitoring, supervision, team meetings and training processes as supportive and informative in providing quality care to service users.

Staff supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in the staff questionnaire returned to RQIA.

Ongoing communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

### Areas for improvement

Two areas for improvement were identified during the inspection; the review of the current quality assurance policy in accordance with Standard 9 and Appendix 1 and revision of the monthly monitoring process in accordance with Regulation 23(2)(3).

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jacqueline Ryan, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 and Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect from the date of inspection</p>	<p>The registered provider shall ensure that no domiciliary care worker is supplied by the agency unless –</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>(Regarding Access NI checks, employer references and statement by registered person or manager regarding staff fitness to practice)</p>
	<p><b>Response by registered provider detailing the actions taken:</b> The registered provider will ensure that full and satisfactory information is available in relation to matters specified in Schedule 3.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15(6)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 December 2016</p>	<p>The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(a) Specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made.</p> <p>(Regarding the child protection policy and procedure)</p>
	<p><b>Response by registered provider detailing the actions taken:</b> The registered person will ensure specific procedures are followed regarding the Child Protection Policy and Procedure.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 12(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect from the date of inspection</p>	<p>The procedure referred to in paragraph (6)(a) shall in particular provide for-</p> <p>(a) Written records to be kept of any allegation of abuse, neglect or other harm and of the action taken in response;</p>
	<p><b>Response by registered provider detailing the actions taken:</b> The registered provider will ensure that written records are kept of any allegation of abuse, neglect or other harm and appropriate action taken.</p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 23(2)(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 December 2016 and ongoing to RQIA</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> <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- <ul style="list-style-type: none"> <li>(i) what services to offer them, and</li> <li>(ii) the manner in which such services are to be provided; and</li> </ul> </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><b>Response by registered provider detailing the actions taken:</b>  The registered person will ensure that a written report shall be supplied to Regulation Quality Improvement Authority within one month as requested.</p>



<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect from the date of inspection</p>	<p>Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>(Regarding staff quality monitoring)</p> <p><b>Response by registered provider detailing the actions taken:</b> Practices are systematically audited to ensure that they are consistent with the Agency's documented policies and procedures and action is taken when necessary.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect from the date of inspection</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>(Regarding the records maintained in the homes of service users)</p> <p><b>Response by registered provider detailing the actions taken:</b> The registered person will ensure all records maintained in the homes of service users are made legible, accurate, up to date and signed and dated by the person making the entry. Monthly audits take place.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 December 2016</p>	<p>Policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>(Regarding the Management, control and monitoring of the agency/Quality assurance policy)</p> <p><b>Response by registered provider detailing the actions taken:</b> All policies and procedures are in place and in accordance with statutory requirements/Quality Assurance Policy.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 January 2017</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p><b>Response by registered provider detailing the actions taken:</b> The quality of services provided is evaluated annually and any follow-up action taken to ensure the quality of care is maintained and key stakeholders are involved in this process.</p>

***\*Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address\****



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