

Unannounced Care Inspection Report 6 January 2020



The Brook

Type of Service: Domiciliary Care Agency
Address: Brook Street, 6 Brook Green, Coleraine, BT52 1QG
Tel No: 028 7034 4495
Inspector: Corrie Visser

www.rqia.org.uk

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

The Brook is a supported living type domiciliary care agency which provides care and support for people living with dementia or cognitive impairment, with provision of 56 flats. In addition staff from The Brook provide support services to five bungalows which are located beside the complex. The agency is managed by the Northern Health and Social Care Trust (NHSCT) in partnership with Radius Housing Association, who acts as the landlord to the premises.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs Sylvia Campbell
Person in charge at the time of inspection: Mrs Sylvia Campbell	Date manager registered: 24 October 2018

4.0 Inspection summary

An unannounced inspection took place on 6 January 2020 from 09.45 to 16.05 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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, quality monitoring reports, staff training and development, risk management, recruitment and induction.

Areas requiring improvement were identified in relation to care and support plans containing the relevant information and updated in a timely manner, poor record keeping and no robust system in place to monitor missed calls to service users.

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Sylvia Campbell, registered 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 30 January 2019

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 January 2019.

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 two incidents had been notified to RQIA since the last care inspection 30 January 2019
- unannounced care inspection report and QIP from 30 January 2019

During the inspection the inspector met with three service users, two staff, two professionals and three service users' visitors/representatives.

During the inspection the inspector met with the manager, two service users, a deputy manager, a senior support worker and a support worker.

The following records were examined during the inspection:

- staff training matrix
- four service users' care records
- two service users' daily logs
- the agency's complaints record since the last inspection
- a sample of minutes of service users' meetings
- a sample of minutes of staff meetings
- a sample of the agency's record of incidents and accidents since the last inspection
- a sample of monthly quality monitoring reports
- the agency's procedure for ensuring staff are registered with The Northern Ireland Social Care Council (NISCC) registration
- four induction records
- the profiles of agency staff
- supervision and appraisal records for four staff members
- a sample of the agency's policies and procedures

- Statement of Purpose and Operational Policy for the supported living complex May 2019
- Statement of Purpose and Operational Policy for the supported living complex June 2019
- Service User Guide for the bungalows and supported living complex
- Tenancy Agreement for the bungalows and supported living complex
- Tenants Handbook
- organisational structure within The Brook
- breakdown of weekly charges for tenants in the bungalows 2018/2019

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives. One response was returned from a relative and the comments are included within the report.

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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

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

6.0 The inspection

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

6.1 Review of areas for improvement from the last care inspection dated 30 January 2019

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 15 (2) Stated: First time	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— (a) be consistent with any plan for the care of	Met

	<p>the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user’s needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This relates to the need for the agency to ensure support plans clearly reflect the frequency of support visits, time allocated and tasks to be undertaken for those service users residing in the bungalows.</p> <p>Action taken as confirmed during the inspection: The inspector was provided with a template which is utilised for every care call to service users. This includes the task/s undertaken, day and time of the call and the time duration spent. This is to ensure that all tasks identified on the service users’ care plans are undertaken.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 14</p> <p>Stated: First time</p>	<p>The registered person shall ensure where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>This relates to the need to ensure support/care plans and relevant assessments are undertaken in a timely manner.</p> <p>Action taken as confirmed during the inspection: Through reviewing four service users’ files, there continued to be a delay in obtaining signatures on the service users’ care plans and assessments. This area for improvement has been stated for the second time.</p>	<p>Not met</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 14(1)(2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each service user and, if appropriate, his or her carer/representative is provided with a written individual service agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within five working days of such commencement.</p> <p>The agreement should include the cost for any support charges and refer to what support services are to be provided.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed four service user agreements and it was evidenced that these were signed by the service users' relatives within the recommended timeframe. The cost for any support services is also included with this agreement. This document breaks down what the fees incorporate.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that services are delivered in accordance with the statement of purpose as approved by the Regulation and Quality Improvement Authority at the time of registration.</p> <p>This relates specifically to the Statement of Purpose and Service User Guide including the following information:</p> <ul style="list-style-type: none"> • the range of care and services provided to service users within the bungalows. • arrangements for service users to enter and exit the premises including any potential deprivation of liberty considerations. • the type and management of any and all restrictive practices. • the details of the Northern Ireland Public Service Ombudsman and the patient client council. <p>Ref: 6.5</p>	Met

	<p>Action taken as confirmed during the inspection: The inspector was provided with the agency's Statement of Purpose and Service User Guide which were updated following the previous care inspection and they were more comprehensive and included the above identified areas for improvement.</p>	
<p>Area for improvement 3 Ref: Standard 2.1 Stated: First time</p>	<p>The registered person shall ensure that prospective service users and where appropriate, their carers/representatives are given at the earliest opportunity (and no later than five working days of the commencement of the service) a "service user's guide" that provides comprehensive up-to-date information about the agency and the services provided.</p> <p>Ref: 6.5</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The service user's guide is provided along with the service user agreement. Evidence of this was provided to the inspector and the agency ensured this was done within the required timeframe.</p>	
<p>Area for improvement 4 Ref: Standard 15.10 Stated: First time</p>	<p>The registered person shall ensure that all complaints received are thoroughly detailed within the complaints records held within the agency, with evidence of actions taken and outcomes.</p> <p>This is in regard to complaints related to estates issues and complaints referred directly to the NHSCCT complaints department.</p> <p>Ref: 6.7</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector reviewed all complaints received by the company and noted that they were in-depth and the relevant HSC Trust notified no further action.</p>	

6.2 Inspection findings

6.3 Is care safe?

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

The Brook has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The manager advised that staff are not provided for work until all necessary checks are completed in relation to Access NI, references, mandatory training and induction including shadowing more experienced staff. All recruitment records are retained by the HR department.

A responsibility for the induction of newly appointed staff lies with the manager. A review of staff induction records for four staff members confirmed that they had received an induction lasting a minimum of three days as required within the domiciliary care agencies regulations. There was also evidence that the staff shadowed at least three days of shadowing a more experienced member of staff.

The manager advised that there were appropriate staffing levels to provide a safe service. The Brook utilise agency staff to fill any vacancies within the service and retain a folder containing the profiles of all agency staff which includes a photograph of the individual, their professional registration number with the NISCC as well as their training. It was discussed that the agency requests the same agency staff as far as possible to ensure consistency for the service users. It was also noted that there is an effective process for staff communication during handover meetings which occur between shift changes.

The inspector viewed the agency's system to ensure that staff receive appropriate training to fulfil the duties of their role. The agency's training matrix was reviewed and it was evidenced that training was being provided to the staff members on a regular basis. There was a small amount of staff who had outstanding training. However it was noted that dates had been given to the staff to ensure compliance. It was positive to note that the mandatory training provided included safeguarding adults, safeguarding children, medication, manual handling, deprivation of liberty safeguards, managing challenging behaviour, infection control, fire safety and food hygiene. It is commended that the agency also provides staff with further training such as first aid, COSHH, dementia awareness, equality awareness, information governance, palliative care and diabetes.

A review of the safeguarding training identified that one staff member was overdue this training however it was confirmed that the training had been booked for 14 January 2020. The manager advised that it is difficult to obtain training in relation to safeguarding through the HSC Trust however they would do in-house training for staff to ensure they are knowledgeable in this area. The inspector discussed with the manager the need to have a safeguarding position report in place for the agency by 31 March 2020.

A review of records confirmed there had been one adult safeguarding referral since the previous care inspection, following concerns identified by staff regarding the wellbeing of one service user. It was evidenced that staff were aware of their roles and responsibilities in relation to

reporting adult safeguarding concerns and maintaining records. Appropriate action was taken in relation to this safeguarding issue and the relevant HSC Trust was informed.

The inspector reviewed the agency’s governance arrangements to manage and identify all areas of risk. All accidents and incidents are reported accordingly and a computer system is used to record the details. The information is reviewed by the manager, the senior manager and the NHSCOT governance department. The accidents and incidents reported were managed appropriately and the information was relayed to the service users’ next of kin as well as the referring HSC Trust. The recorded information was factual, concise and an accurate outcome was noted for every incident or accident.

Discussion with service users on the day of inspection evidenced that they felt that the care provided was safe. The following is a sample of comments made:

Service users’ comments:

- “I love it here.”
- “The girls are friendly.”

One relative was spoken to on the day of inspection and they reported that they were happy with the care being provided to ****. **Comments included:**

- “This is excellent.”
- “It is better than ****’s previous package of care at home.”
- “The girls are fantastic.”

Comments on the questionnaire received from a relative included:

- “They care they receive is second to none.”
- “The staff are lovely and very approachable.”
- “Gives me and **** piece of mind as we know they are both safe and well looked after.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding and risk management.

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

6.4 Is care effective?

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

The agency's arrangements for responding to, assessing and appropriately meeting the needs of service users were reviewed during the inspection. The agency was required to amend the Statement of Purpose and Service User Guide to include information a number of issues including the range of care and support services available to service users residing in the bungalows. The agency was also advised that these documents needed to include the details of the Northern Ireland Public Service Ombudsman (NIPSO) and the Patient and Client Council (PCC) and any other relevant advocacy services. These documents were amended on 18 June 2019 and 2 April 2019 and are now compliant with regulations.

The inspector reviewed a sample of four service users' care records. The records were noted to be comprehensive and person centre in relation to the needs of service users. There were details assessments in relation to falls, manual handling and plans in relation to the care and support which are tailored to every individual's needs.

Promoting the human rights of service users was evidence during inspection through reviewing records as well as through discussions with the service users. Service users, with the support of their representatives were involved in producing their own care and support plans and contributing to any decision making, where appropriate. Some service users are subject to restrictive practices, however from viewing care records, these practices had been risk assessed and agreed upon in order to maintain the safety and wellbeing of the individual service users. There was evidence of reviews of these restrictions which were completed with liaison with the service users' representative and signatures were on the review plans, however the signatures were not obtained in a timely manner. This has been restated as an area for improvement. The agency reported, following the previous inspection, that all signatures will be obtained within a six week period however this was not evidenced.

The inspector reviewed the daily logs for two service users who reside in the bungalows. It was noted that there were missed calls for both service users, meaning they did not receive their package of care. The agency did not have a robust system in place to identify these failings. There were also issues in relation to the agency's record keeping as the dates, times of entry and departure were missing as one entry had not been finished. Some entries did not have a signature by the care worker who undertook the call. Two areas for improvement were made in these areas. These issues were discussed with the manager who stated that these areas have been discussed with the staff during supervision and through team meetings. There are also notes on the front of the file reminding staff of what information to include in the daily logs. This will be further discussed with the care workers.

The agency has devised a template for every service users' file which includes the task that is being undertaken during the care call. This document includes the task, number of carers, approximate start and finish time and the day when the care was provided. This is to ensure the needs being provided to the service user is in conjunction with their care plan.

It was noted during inspection that records were stored securely.

Discussion with service users on the day of inspection evidenced that they felt the care provided was effective. An example of comments included:

- “I have my own flat.”
- “I like it in here, but not up there.” (referring to the day room).
- “There is a good choice of food.”
- “We are always asked the day before what we would like.”

One relative commented:

- “I think it’s great but I would like there to be access to the internet so **** could have Alexa.”

This was discussed with the manager who advised that this has been raised with Radius over the last number of years but there has not been any movement with this. The manager was glad this issue was raised by a relative and it was discussed that this will be taken forward with the relevant service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk management, engagement with service users and the storage of records.

Areas for improvement

Three areas for improvement were highlighted in relation to all documentation being signed in a timely manner (this area is restated), poor record keeping and care not being provided to service users through missed calls.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care compassionate?

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

The inspector assessed the agency’s ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

From reviewing the training matrix, staff had received training in relation to equality and diversity.

Discussion with staff found that actions taken were underpinned by principles of confidentiality, privacy, respect and choice. Staff acknowledged the need to ensure that service user consent is obtained as appropriate and that confidentiality is upheld. During inspection, the inspector observed staff knocking on the service users’ doors before entering, which should be commended. This showed respect and dignity for the service user.

Service users confirmed that they were given choices every day in relation to their everyday life and staff are respectful of same.

Discussions with staff and service users indicated that care and support is provided in a person centred manner; staff described the methods used for effectively supporting service users in making informed choices. Service users confirmed that they can make choices about their everyday lives and that staff are respectful of their choices. It was positive to note that the agency seeks service users' consent in a range of matters relating to their individual care and support such as:

- option for night checks
- permission for their photograph to be included on the agency's website
- administration of medication
- permission for the agency to do their laundry

The inspector reviewed minutes from service user meetings and the manager advised that these meetings were also accessible for the service users residing in the bungalows. The inspector was provided with minutes from meetings held on 8 December 2019, 5 September 2019, 29 May 2019 and 11 December 2018. Various items were on the agenda including activities, new staff being recruited, the issue of empty flats and the agency's action plan for this, bus trips, promoting of independence, house rules and food.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and inclusion of the services users and listening to their voices.

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

6.6 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 agency is managed on a day to day basis by the manager with the support of two deputy managers, senior support staff, dementia support staff, activities co-ordinator, finance officer, administrator and domestic and catering staff.

The manager confirmed that the agency has a range of policies and procedures in place to guide and inform staff. These are accessible on the HSC Trust's website which the staff have access to.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Monthly monitoring reports were available and examined during inspection. These reports were comprehensive and included consultations with service users, their representatives and other key stakeholders. Positive feedback was noted including:

- “Staff are fantastic and very attentive.”
- “Care and support is excellent and wishes **** had moved in sooner.”
- “Noticed a change for the better. **** was withdrawn before but now loves it and family see an improvement in ****’s wellbeing.”
- “Warm rapport between tenants and staff.”
- “Rooms have their own personal touches and allow for privacy with staff at hand.”

The reports include an analysis of any complaints, progress on planned improvement, condition of the environment, levels of supervision for staff, recruitment, training, finances and there was an action plan in place.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff received supervision on a quarterly basis and appraisals are undertaken yearly. There is also an open door approach for staff to have discussions with the management team.

As per Regulation 13 Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other regulatory body, as appropriate. The agency monitors this during supervisions with staff and also at team meetings. A copy of the staff members NISCC certificate is retained on their file. There is a matrix in place so that the agency is aware of when registrations need to be renewed. The manager stated that all staff are currently registered with NISCC and are fully aware that they are not permitted to work in the setting if their NISCC registration has lapsed.

The inspector reviewed the complaints records maintained by the agency and all complaints received were managed appropriately and an outcome was provided to the complainant, and it was recorded that they were satisfied with the agency’s actions. All complaints were managed in accordance with the policy.

Discussion with service users, relatives and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users’ comments:

- “I can’t complain about anything.”
- “I love it here.”
- “The service is excellent.”

Staff comments:

- “A good standard of care and support is given.”
- “I enjoy my work.”
- “It’s nice to build relationships with clients and their families.”

Relative comments:

- This is better than ****'s previous package of care.”
- “I think it’s great.”
- “The staff treat **** like a friend.”
- “Care and support is excellent.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to promoting positive staff relationships, monitoring the registration with the appropriate regulatory body and undertaking staff supervision and appraisals.

Areas for improvement

No areas for improvement were made 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 Mrs Sylvia Campbell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 14</p> <p>Stated: Second time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p style="padding-left: 40px;">(a) so as to ensure the safety and well-being of service users;</p> <p>This relates to the need to ensure support/care plans and relevant assessments are undertaken in a timely manner.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following completion of documentation, it had previously been agreed that all signatures would be obtained within a six week period. Staff in The Brook will continue to work to this timeframe. To monitor this undertaking, a section has been added to care plans to record when relatives/carers are contacted to provide said signature. Senior Staff will hold responsibility for completion of same and will follow up on a weekly basis, making further contact with relatives/carers as required and recording same.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 8.1</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure there is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.</p> <p>This relates to missed calls to service users. The agency is required to have a system in place which records any calls that did not occur to the service user.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A document to record calls and activity completed for service users is currently available for support staff which provides information for care and support planning. This is to include missed calls and reason for same. To ensure compliance with this standard, the Senior Support Worker on shift will check these files 4 times daily for 2 weeks to monitor record keeping. During this time the manager will remind all staff of their personal accountability and responsibilities under the Domiciliary Care Agencies minimum Standards 2011. Following this 2 week period files will be checked once daily for 2 weeks. After 4 weeks, a monthly audit of records of calls and activity will be put in place. If at any time it is noted that records are incomplete, a 4 times</p>

	<p>daily check will be implemented again. Additional training has also been secured in relation to 'Reporting and Recording' and will be provided on site on 24th and 27th April 2020 to address any learning needs around this area of practice.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 10.5</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This is in relation to all entries being recorded under the correct date and a time for starting and finishing a call are specified. It also relates to entries being completed in full and signatures being written in a legible manner for every care call.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A document to record calls and activity completed for service users is currently available for support staff which provides information for care and support planning. This is to include missed calls and reason for same. To ensure compliance with this standard, the Senior Support Worker on shift will check these files 4 times daily for 2 weeks to monitor record keeping. During this time the manager will remind all staff of their personal accountability and responsibilities under the Domiciliary Care Agencies minimum Standards 2011. Standards for Record Keeping in line with NISCC recommendations will also be discussed. Following this 2 week period files will be checked once daily for 2 weeks. After 4 weeks, a monthly audit of records of calls and activity will be put in place. If at any time it is noted that records are incomplete, a 4 times daily check will be implemented again. Additional training has also been secured in relation to 'Reporting and Recording' and will be provided on site on 24th and 27th April 2020 to address any learning needs around this area of practice.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)