

# Unannounced Domiciliary Care Agency Inspection Report 09 January 2017



## Peninsula Care Services

Type of service: Domiciliary Care Agency  
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Inspector: Amanda Jackson

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Peninsula Care Services took place on 09 January 2017 from 09.30 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 found not to be delivering safe care on a consistent basis. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. 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. Review of one out of two safeguarding matters did not support notification to RQIA in line with regulation 15(12)(b); a requirement has been stated. Staff quality monitoring following the safeguarding investigation did not support robust measures in place; and a requirement has been made. A further recommendation has been made in respect of ongoing staff quality monitoring practices and policies which outlines timeframes for such quality monitoring.

Service user quality monitoring reviewed during inspection did not support a consistent approach and appropriate means of communicating with service users; a recommendation has been stated. Initial introduction of staff to service users was raised during UCO feedback and a recommendation has been made. Monthly monitoring reports have been required for review and submission ongoing to RQIA for review to support appropriate quality monitoring of the service in line with regulations and standards.

### **Is care effective?**

On the day of the inspection the agency was found not to be delivering consistently 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 quality monitoring have been implemented but have been recommended for review in terms of appropriate methods of contact with service users and their representatives in accordance with UCO feedback.

### **Is care compassionate?**

On the day of the inspection the agency was found not to be delivering compassionate care on a consistent basis. The agency's daily operation includes communicating with service users and their representatives but the process for such quality monitoring was recommended for review to ensure effective means of reviewing service quality and amending agency procedures to maintain service quality. Staff quality monitoring post safeguarding and monthly registered person quality monitoring have also been required for review with submission of monthly reports to RQIA.

## Is the service well led?

On the day of the inspection the agency was not found to be well led. 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. Matters highlighted by the service users and relatives during UCO discussions had not been evidenced during the agency quality monitoring processes and a requirement has been stated in the QIP regarding the registered persons monthly monitoring process. Staff reporting of matters was also identified during inspection for review; a recommendation has been stated. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

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>	3	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Jonathan Cook, registered person and Mrs Doreen Bingham, 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.

### 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 April 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Peninsula Care Services/Mr Jonathan Cook	<b>Registered manager:</b> Mrs Doreen Bingham
<b>Person in charge of the service at the time of inspection:</b> Mrs Doreen Bingham	<b>Date manager registered:</b> 01 June 2015

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and 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 and registered manager
- Consultation with three care staff;
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with one service user and seven relatives, by telephone, between 23 and 29 December 2016 to obtain their views of the service. The service users interviewed receive assistance with the following:

- Management of medication
- Personal care
- Meals.

On the day of inspection the inspector met with three 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 manager 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. Three staff questionnaires were 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 staff members recruitment records
- Induction policy and procedure, programme of induction and supporting templates
- Three 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
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three safeguarding records

- Three new service user records regarding referral, assessment, care planning and introductory visits
- Three long term service user records regarding review, reassessment and quality monitoring
- Management, control and monitoring of the agency policy and procedure
- Quality improvement policy
- Management of records, confidentiality and sharing information policy and procedure
- Completion of case records policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Staff handbook
- Three service users home recording records
- Three monthly monitoring reports
- Annual quality report 2015
- Three compliments
- Three staff meeting minutes
- Two communications to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Three complaints records
- Reporting adverse incidents policy and procedure
- Untoward incidents policy and procedure
- Three incidents.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 21 April 2017

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 21 April 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 16(4) <b>Stated:</b> First time	The registered person and registering manager is required to ensure staff supervision/quality monitoring is carried out in compliance with the agency policy and procedure and full and accurate records are maintained of matters arising and action taken to address such matters.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three staff member files supported processes in place regarding staff supervision and quality monitoring ongoing. Several policies	

	<p>reviewed during inspection made reference to staff supervision and quality monitoring but varied in terms of the agency timeframes for such processes. The inspector was therefore unable to confirm staff supervision/quality monitoring in compliance with the agency's own timeframes. Policies were discussed with the registered person and registered manager for review.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16(b)(i)(ii)</p> <p><b>Stated:</b> First time</p>	<p>The registered person and registering manager is required to ensure all staff are kept informed regarding changes to service user's needs through staff meetings and where staff are unable to attend information is appropriate disseminated.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of staff meeting minutes across all locality areas supported regular and continued discussions with staff regarding changes in service users needs. Three staff spoken with during inspection confirmed good information sharing during staff meetings and at other times as necessary.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 21(1)(2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person and registering manager is required to ensure service users home records are maintained up to date and staff recording is compliant with Regulation 21(1)(2).</p> <p><b>Action taken as confirmed during the inspection:</b> Review of three service user home records during inspection supported compliance with Regulation 21(1)(2).</p>	<b>Met</b>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 14(a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person and registering manager is required to develop a policy, procedure and clearly demonstrated processes for management of missed calls.</p> <p><b>Action taken as confirmed during the inspection:</b> A policy has been developed following the previous inspection which outlines the process for management of missed calls.</p>	<b>Met</b>

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.3 <b>Stated:</b> Second time	The registered person and registering manager is recommended to review details contained within manager supervision minutes.  <b>Action taken as confirmed during the inspection:</b> Review of the process of supervision for the registered manager confirmed compliance with Standard 13.3.	<b>Met</b>

### 4.3 Is care safe?

The agency currently provides services to 170 service users living in their own homes within the South Eastern Health and Social Care Trust (SEHSCT). 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 appointed staff. The registered manager verified all the pre-employment information and documents had been obtained as required and this was confirmed during inspection review of the records. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Approximately 50% of staff are currently registered with NISCC with the agency registered manager confirming support is provided to assist staff in meeting NISCC registration requirements. The three care staff interviewed during the inspection day had commenced employment within the previous year. These 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 a number of the service users and relatives interviewed that there were some concerns regarding the care being provided by Peninsula Care which included rushed calls, poor communication and standard of care. There were mixed results regarding new carers having been introduced to the service user by a regular member of staff; it would be good practice for the agency to do so when possible.

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

- “Good support for the family.”
- “Would be better if a small number of carers provided the care.”
- “Carers seem to be under pressure with extra calls.”

Discussion with the registered manager during inspection regarding the current procedure for quality monitoring service users via telephone highlighted the potential short comings in this form of contact; a recommendation has been stated regarding review of appropriate methods of quality monitoring. The registered manager also provided assurance that initial staff introduction and call times on rotas would be reviewed post inspection.

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 not been updated in line 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'). Assurance was provided by the registered manager regarding policy review. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 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 an internal trainer within the agency alongside the registered manager and registered person. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas were staff felt they required more knowledge.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as ongoing in accordance with agency policy timeframes however variation within a number of policies regarding staff quality monitoring and supervision timeframes have been recommended for review. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

Staff questionnaires 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 inspection; the registered manager confirmed several matters had arisen since the previous inspection, two of which were reportable to RQIA. Review of one incident during inspection supported appropriate procedures in place. The inspector reviewed a second matter prior to inspection and reviewed followed up quality monitoring of the staff following investigation completion. Notification of this matter to RQIA had not taken place in line with Regulation 15(12)(b) and a requirement has been stated. Quality monitoring of staff practice and service users being attended by the staff member had not been completed and a requirement has been made. The registered manager presented appropriate knowledge in managing matters when they arise.

Each of the three 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 manager confirmed that the agency implement an ongoing quality monitoring process as part of their review of services but highlighted that quality monitoring was currently behind schedule due to staff shortages over recent months. Review of three service users' records during inspection confirmed contacts with service users were not in line with the agency policy timeframes. Feedback from the UCO discussion highlighted ongoing review is generally via telephone and this was confirmed during inspection which is not always appropriate; a recommendation for review has been stated.



The registered manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Discussions with staff 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 discussions with service users by the UCO did not support that care is consistently provided by a regular staff team. Feedback from the registered manager following UCO visits and discussion with the registered manager during inspection supported current and ongoing review of matters raised by service users in this respect. Submission of monthly monitoring reports to RQIA have been required to review these matters ongoing.

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

### Areas for improvement

Six areas for improvement were identified during the inspection regarding notification of safeguarding incidents to RQIA and staff supervision of practice following safeguarding investigations. A systematic review of policies and procedures in relation to staff quality monitoring has been recommended. Service user quality monitoring is recommended for review in terms of consistency and appropriate means of communicating with service users (telephone and face to face contact). Introduction of staff to service users prior to the service commencing has also been recommended for review. Monthly monitoring reports have been required for review and submission ongoing to RQIA for review.

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

The UCO was informed by a number of the service users and relatives interviewed that there were some concerns regarding carers' timekeeping or rushed care. Three relatives interviewed also advised that they had experienced a small number of missed calls from the agency.

Issues regarding communication between the service users, relatives and staff from Peninsula Care were raised with the UCO. Examples of poor communication included the out of hour's telephone service, relatives not being informed of issues regarding the service user and not being advised of changes to the carers.

The service users and relatives advised that phone calls have taken place to ensure satisfaction with the care provided by the agency; however concerns were raised regarding the appropriateness of the calls to some service users. Only one service user was able to confirm that they had a home visit or questionnaire from the agency.

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

- "No concerns. Very happy with the care."
- "Consistency has been poor recently which confuses my XXX."

All matters raised during the UCO contacts were discussed with the registered manager and registered person and a number of requirements and recommendations have been stated as detailed under the previous section 'Is care safe'.

The agency's recording policy and associated procedures on 'Management of records and information' had been revised in 2016. The agency maintained recording templates in each service user's home file on which care staff record their visits. The inspector reviewed three completed records returned from service user's homes, which confirmed appropriate procedures in place.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff interviewed confirmed ongoing quality monitoring is completed by their senior staff to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with three care staff during the inspection supported review of this topic as necessary and staff meeting records supported coverage of this topic and other relevant matters ongoing.

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 from professionals as necessary. The assessments and care completed by the agency ongoing evidence that service users and/or representative's views are obtained and where possible incorporated. 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 service user guide in an alternative format but confirmed this would be accommodated as necessary 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 plan during the course of their time with the service. Feedback from the UCO discussion highlighted ongoing review is generally via telephone and this was confirmed during inspection which is not always appropriate; a recommendation for review has been stated. Questionnaires are provided for service users to give feedback on an annual basis. Evidence of this process was discussed during inspection in terms of the annual quality report which is currently being compiled for 2016. Review of the 2015 annual report confirmed compliance and evidenced a summary report provided to service user on the findings of the review. 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 has not completed their annual quality report for 2016 as detailed above. The registered manager provided assurances that a summary of findings and improvements planned would be provided to service users and other stakeholders. The date of issue for this summary report has been recommended as this was not evident on the 2015 summary report.

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.

Staff questionnaires 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**

One area for improvement was identified during the inspection and has been reflected in the above section ‘Is care safe’ regarding appropriate methods of quality monitoring with service users.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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**4.5 Is care compassionate?**

Concerns were raised with the UCO regarding care having been rushed by the carers and, on occasion, and the lack of compassion. Only one service user was able to confirm that home visits had taken place and that the agency had sent out a questionnaire to obtain their views of the service. Phone calls have taken place to ensure satisfaction with the care provided by the agency; however concerns were raised regarding the appropriateness of the calls to some of the service users.

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

- “The girls are lovely and chatty.”
- “All very good to XXX.”
- “The girls don’t have much time to spend with 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. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding the registered manager presented knowledge to support appropriate follow up processes to address matters arising. Review of one staff record in respect of quality monitoring post safeguarding did not support robust procedures in place; a requirement has been stated.

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.

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

The agency implements service user quality monitoring practices on an ongoing basis through telephone calls by the agency management team. Records reviewed during inspection support ongoing review of service user’s needs in this respect but raised questions regarding the consistency and appropriateness of such quality monitoring given the UCO feedback received pre-inspection; a requirement has been made. Quality monitoring from service user visits alongside monthly quality reports evidenced positive feedback from service users and their family members. The inspector discussed the robustness of monthly quality monitoring processes given the feedback received by the UCO; a requirement has been stated regarding monthly monitoring reports submission to RQIA post inspection. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Thanking all the staff for the care and support provided to service users throughout the year. I couldn’t do it without you all.’ (Feedback from HSCT professional).
- ‘XXX is very professional and caring, it is reassuring to myself that my xxx is being well looked after by a dedicated member of your staff.’ (Thank you letter).
- ‘I would like to thank the staff for the attention, care and kindness shown to XXX, she appreciated that they always had time for a wee chat with XXX even though they were busy. My thanks also to the admin staff who keep things running smoothly.’ (Thank you card).

**Areas for improvement**

Three areas for improvement were identified during the inspection as previously detailed under the above section, ‘Is care safe’. These areas relates to staff quality monitoring post safeguarding incidents, appropriate service user quality monitoring ongoing and the monthly registered person quality monitoring procedures.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>1</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 Manager, Mrs Doreen Bingham the agency provides domiciliary care to 170 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff where 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 manager. 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.

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.

Concerns regarding the management of the agency were raised during the interviews and complaints had been made to the agency regarding the out of hour's telephone service, standard of care, communication and times of call.

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 a range of complaints logged. Review of three complaints during inspection supported appropriate procedures in place. Monthly quality monitoring reports included a section for complaints review ongoing as necessary. The monthly reporting processes have been required for review and submission of reports to RQIA post inspection.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One incident has occurred since the previous inspection which was reportable to RQIA. Review of this incident and two other incidents notified to the agency but non reportable to RQIA supported compliance in two of three records reviewed. The third record identified a delay in staff reporting which had not been addressed by the agency; a recommendation has been made.

The inspector reviewed the monthly monitoring reports from October to December 2016. The reports evidenced the registered person monitoring the quality of service provided in accordance with minimum standards. The reports are discussed with the registered manager and registered person but no clear evidence of matters arising in keeping with the UCO feedback pre-inspection. Reports are reviewed and signed off ongoing by the registered person and evidence of this process was confirmed during inspection. The inspector has requested submission of monthly reports to RQIA post inspection for review in terms of robust service user quality monitoring.

The three care staff interviewed indicated that they felt supported by senior staff who were described as, available for discuss both in person or via telephone. Staff discussed quality monitoring, 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 and this was also reflected in staff questionnaires returned to RQIA. One staff questionnaire commented 'The coordinator spot checks the staff regularly, any problems we can ring the office and it will be sorted.'

Ongoing electronic 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 as previously detailed in the sections above. The registered persons monthly monitoring procedures and staff follow up in respect of matters requiring to be reported to the registered manager.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</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 Mr Jonathan Cook, Registered Person and the registered manager, Mrs Doreen Bingham 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (12)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect from inspection</p>	<p>The procedure referred to in paragraph (6)(a) shall in particular provide for—</p> <p>(b) the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person—</p> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police.</p> <p><b>Response by registered provider detailing the actions taken:</b> Policy has been reviewed to ensure it contains all information as required. All office and management staff have read this policy now once again and understood same. They are also aware of the matters which are to be reported to PSNI and RQIA within 24 hours.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16(4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect from inspection</p>	<p>The registered person shall ensure that each employee receives appropriate supervision/quality monitoring.</p> <p>(regarding ongoing staff quality monitoring in line with the agency policy and procedure and staff quality monitoring in relation to safeguarding follow up)</p> <p><b>Response by registered provider detailing the actions taken:</b> Agency policy has now been updated with new guidelines on monitoring with achievable aims &amp; objectives. A new structure to our home care department has enabled us to increase resources in the area of monitoring our service. In relation to the safeguarding matter to follow up, monitoring has now taken place.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 23(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 09 February 2017 and ongoing to RQIA</p>	<p>At the request of the Regulations 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> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(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.</p> <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> Report attached as per request of RQIA Inspector.</p>
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<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 9.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 09 March 2017</p>	<p>Policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction to new policies and procedures.</p> <p>(Regarding policies relating to staff quality monitoring/supervision)</p> <p><b>Response by registered provider detailing the actions taken:</b> Quality monitoring policy has been updated and is attached. All policies have now been reviewed by either Registered Manager or Registered Provider. Policy folder is currently being redeveloped following its review.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 09 March 2017</p>	<p>The registered manager ensures the agency delivers services effectively on a day-to-day basis.</p> <p>(Regarding service user quality monitoring and appropriate methods of service user contact)</p> <p><b>Response by registered provider detailing the actions taken:</b> We have updated our service users guide in relation to methods of service user contact giving them or family members to either opt out of telephone contact for monitoring or for next of kin to receive these calls if more appropriate.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of inspection and ongoing</p>	<p>There is guidance for care and support staff on the matters that need to be reported to the registered manager.</p> <p>(regarding staff reporting matters in the appropriate timeframes)</p> <p><b>Response by registered provider detailing the actions taken:</b> We have issued a memo to all staff advising them to familiarise themselves once again with Safeguarding Policy and in particular timeframes for reporting. This policy is within their Staff Handbook for review.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 3.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of inspection and ongoing</p>	<p>The service user is informed of the names of the staff coming to his or her home prior to the service commencing.</p> <p><b>Response by registered provider detailing the actions taken:</b> We have now made an amendment to our referral form to prompt us as part of the referral process to inform the service user of the name of staff coming in to his/her home prior to the service commencing.</p>



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



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