

Unannounced Care Inspection Report 16 May 2017



Presbyterian Board of Social Witness (Willowbrook Lane)

Type of service: Domiciliary Care Agency
Address: 5 Willowbrook Lane, Millburn Road, Coleraine, BT52 1ET
Tel no: 02870357702
Inspector: Amanda Jackson

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of the Presbyterian Board of Social Witness (PBSW) Willowbrook Lane took place on 16 May 2017 from 09.15 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 consistently in respect of induction procedures. The agency operates a staff recruitment system and induction training programme. Review of induction information at inspection and post inspection did not support a robust induction process which evidenced a minimum of three days; a requirement has been stated. The registered person acknowledged prior to the inspection and on the inspection day that the service is currently experiencing some staffing difficulties which is being met through the use of regular and experienced agency staff. Staffing levels reviewed and discussed during inspection with all stakeholders supported the current staffing difficulties in various roles to meet the needs of the service user group. The registered person provided assurances this matter is being kept under review. One staff questionnaire comment stated; 'Additional staff are in place to offer support to try and keep xxx safe however this means the other service users have to wait if xxx requires assistance.' Two service users confirmed they are involved in the recruitment and selection panel for new staff which they stated was very beneficial and which they both enjoy. Ongoing staff training is supported through training sessions and reviewed through staff supervision and appraisal processes. 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. The inspection outcomes demonstrated sustained compliance with regulations and standards.

One area for quality improvement was identified during inspection and relates to staff induction procedures.

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 and support plans. Service user guides and relevant information is provided to service users at service commencement and on an ongoing basis as changes occur. No new services users have come to live at Willowbrook Lane since the previous inspection hence initial sharing of information was not reviewed by the inspector. The agency's systems of quality monitoring for service users and staff have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users, their representatives and the relevant professionals. The inspection outcomes demonstrated sustained compliance with regulations and standards.

One area for quality improvement was identified during the inspection and relates to the 2017 annual quality report given that the 2016 report was not completed.

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. Ongoing review of service quality through a range of contacts with service users, families and trust professionals were evident. A range of feedback from service users and family supported the inspector assessment of compassionate care being delivered. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management confirmed policies and procedures alongside the agency statement of purposes and service user guide were in place and continually reviewed. The inspector was unable to review policies and procedures as they were currently under review by the PBSW. This matter was discussed with the registered manager during inspection and advised that policies and procedures should be available for future review at inspection. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. Processes were evident in support of staff rotas, quality monitoring and review of incidents and complaints. The registered person and registered manager spoken with during inspection demonstrated appropriate knowledge in managing the service and provided information for inspection review. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and most staff had confidence in their managers to support them and address matters arising. A number of staff who raised concerns continue to be supported by management in addressing matters arising.

The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

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
Total number of requirements and recommendations made at this inspection	1	1

This inspection resulted in one requirement and one recommendation being made. Findings of the inspection were discussed with Mrs Linda Wray, registered person (via telephone at inspection conclusion) and with the support workers in charge at the closure of inspection as part of the inspection process and can be found in the main body of the report. Further information provided post inspection and outcomes to inspection were discussed with the registered manager post 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 28 April 2016.

2.0 Service details

Registered organisation/registered person: Presbyterian Board of Social Witness/Mrs Linda May Wray	Registered manager: Mr Alan Tate
Person in charge of the service at the time of inspection: Support workers	Date manager registered: 18 September 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
- Other information provided to RQIA.

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

- Discussion with the registered person and registered manager (via telephone)
- Consultation with three support staff
- Examination of records
- File audits
- Evaluation and feedback.

During the inspection the inspector spoke with three support staff to discuss their views regarding care and support provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The support worker in charge of the service at the time of the inspection was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Eight staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The support worker in charge of this service at the time of the inspection was provided with nine questionnaires to distribute to all service users for their completion. The questionnaires asked for service users views regarding the service under the four areas of 'Is care safe,

effective, compassionate and well led'. Three service user 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:

- Three staff members' recruitment records
- Three staff members' induction and training records
- Three long term staff members' supervision and appraisal records
- Three long term staff members' training records
- Staff duty rotas
- Adult safeguarding policy and procedure
- Whistleblowing policy and procedure
- Three long term service users' records regarding review and quality monitoring
- The agency's service user guide/agreement
- The agency's statement of purpose
- Agency process for verifying staff NISCC registration
- Four monthly monitoring reports
- Annual quality report 2015
- Two staff meeting minutes
- A range of communication records with trust professionals
- Two tenants meeting minutes
- Complaints policy and procedure
- Two incident record.

4.0 The inspection

The Presbyterian Board of Social Witness (PBSW), Willowbrook Lane is a domiciliary care service/supported living based at Willowbrook Lane, Coleraine. The service provides care and support to nine individuals with a mild learning disability living in their own homes at Willowbrook Lane. Services provided include personal care, medication support, meal provision and social support.

4.1 Review of requirements and recommendations from the most recent inspection dated 28 April 2016

The most recent inspection of the agency was an unannounced care inspection. There was one recommendation made as a result of the last care inspection.

4.2 Review of requirements and recommendations from the last care inspection Dated 28 April 2016

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report will summarise any views of service users and/or their carers/representatives ascertained about the quality of the service provided and any actions taken by the registered person, or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>The registered person is recommended to complete a review in relation to current staffing levels. This report should summarise any views of service users and/or their carers/representatives and staff.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of four monthly monitoring reports from January to April 2017 supported general compliance with Standard 8.11 and referenced the review of agency staff. Advice was provided post inspection via the registered manager to the monitoring manager to ensure that professional feedback is sought in relation to all service users on an ongoing basis. Advice was also provided in respect of ensuring matters are continuously reviewed, actioned and signed off.</p>	

4.3 Is care safe?

The inspector was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by the PBSW Willowbrook Lane. Service users and relatives were able to confirm that new support workers 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 support worker had knowledge of the required care.

No issues regarding the support workers' training were raised with the inspector by the service users or relatives interviewed. All of the service users and relatives interviewed confirmed that they could approach the support workers if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “No concerns about the care and support provided at Willowbrook Lane.”
- “My XXX keyworker is great, has good common sense and involves XXX in everything”
- “XXX is very happy living at Willowbrook Lane.”

A range of processes were reviewed relating to staff recruitment, induction and training. The inspector found these processes to be compliant with related regulations and standards with exception to induction procedures.

Three files were reviewed relating to recently appointed staff. The registered person and registered manager (spoken to via phone during inspection) verified all the pre-employment information and documents had been obtained as required. Review of three records during inspection confirmed compliance with Regulation 13 and Schedule 3.

An induction programme had been completed with each staff member however, evidence in support of a three day process was not clearly detailed within the records reviewed. The induction process for one agency staff member was not compliant with the required three day standard; a requirement has been stated. The current induction process does not incorporate the Northern Ireland Social Care Council (NISCC) induction standards and this was discussed with registered manager post inspection. Assurances were provided that the NISCC induction standards will form part of the overall staff induction from the date of inspection. Staff spoken with during inspection confirmed they had been involved in supporting new staff through a comprehensive induction programme. Records reviewed evidenced all staff members' registration with NISCC and a system in place to review staff renewal of registration. The registered person and manager confirmed all staff are registered with NISCC. A range of communication methods used by the agency to inform staff of their requirement to renew registration were discussed during inspection; these would include discussion at staff meetings and through staff supervisions in the future.

All three support staff spoken with during inspection had been working within the agency for a number of years. Of those who were recruited in recent years, staff described their recruitment and induction training processes in line with those found within the agency procedures and records. Staff were also able to describe their registration process with NISCC and what registration with NISCC initially entails and requires of staff on an ongoing basis.

The agency's policy and procedure in relation to safeguarding 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 the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

The inspector was advised that the agency has had one safeguarding matters since the previous inspection; communication with the registered manager supported appropriate knowledge in addressing matters when they arise. Staff spoken with during inspection also presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process. The safeguarding champion has recently been appointed and this information has been displayed for all service users and staff in the form of a visual poster which displays a picture of the safeguarding champion and details of their role and contact number.

Staff training records viewed for 2016-17 confirmed all support staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and

contained each of the required mandatory training subject areas. Training is facilitated through internal training resources within PBSW. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge. Staff also confirmed revised medication and epilepsy training is being provided over the coming weeks and will be available also to regular agency staff working within the service who do not hold specific training in these areas. This had been raised as an area of concern by the staff who communicated with RQIA pre-inspection although regular staff continue to provide medication cover during agency staff shifts. Epilepsy training is aimed to provide specific training to all staff including those agency staff working within the service. This scheduled training was confirmed by the registered manager during and post inspection.

Records reviewed for three long term staff members evidenced mandatory training, supervision and appraisal as compliant with agency timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes.

The registered manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services and this was evident during review of three service users' records. Review records supported inclusion of service users, their relatives, trust professional keyworkers and daycentre keyworkers as appropriate. The registered manager and support workers spoken with during inspection confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was evident during inspection.

Service users and relatives spoken with by the inspector, discussions with staff and review of agency rotas suggested the agency currently have ongoing issues in maintaining appropriate staffing levels in various roles to meet the needs of their service user group. Three agency staff are currently being used to supplement the staff team and profiles for these agency staff supported appropriate checking procedures in place prior to staff being placed within service users homes.

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

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. One staff commented, 'I have recently just started and have training booked and have received two weeks of shadowing prior to taking up a normal shift pattern'. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care. Feedback from two staff prior to the inspection highlighted concerns regarding staffing levels and the current needs of the service user group living at Willowbrook. These concerns were shared with the registered person prior to the inspection day and at the commencement of the inspection. The registered person provided assurances to the inspector that staffing levels were being maintained under close review. She also stated that the assessed need of the service users were under review by the HSC Trust in conjunction with family members and the registered manager.

Staff spoken with during the inspection day confirmed the needs of service users and the current staffing difficulties were being kept under review. Staff confirmed they continued to be supported by management during this time.

Three service user questionnaires received confirmed service users felt care is safe. One service user commented, 'I don't see staff every day. I would like to see them more'. A second service user commented, 'I feel safe'. Feedback was shared with the registered manager post inspection.

Areas for improvement

One area for improvement was identified during the inspection. This relates to the staff induction process which is required to last a minimum of three days for all staff including agency staff. Appropriate recording of this process is required and the procedure for three day induction should also be in place for agency staff.

Number of requirements	1	Number of recommendations:	0
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4.4 Is care effective?

The inspector was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the support provided to service users. One relative highlighted a lack of effectiveness by the service and staff in meeting the service users needs during a time of change for the service users. Discussions with the registered person, registered manager and support staff confirmed the staff at Willowbrook Lane are continuing to review the needs of all service users. No issues in regards to the quality of care were raised.

Communication between the service users, relatives and staff from Willowbrook was described as effective by those relatives who spoke with the inspector. One relative highlighted that communication could be better and this was shared with the registered person and registered manager during the inspection. The service users and relatives advised they are involved in annual review processes regarding service provision and service quality.

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

- "No complaints at all."
- "XXX is happy living at Willowbrook Lane."
- "Communication between staff and relatives could be improved."

Service user reviews completed by the agency ongoing evidence that service users and/or representative's views are obtained and where possible incorporated alongside feedback from trust professionals and daycentre staff. 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 and support package or making a complaint. All services users have been living in Willowbrook Lane for a number of years hence the inspector did not review referral and introduction processes during this inspection.

The agency maintain recording sheets in each service user's file, support staff record the daily care and support provided. The inspector reviewed three completed records during inspection and found records to be in compliance with regulations and standards.

Service user records evidenced that the agency carried out ongoing annual reviews with service users regarding their care and support plan during the course of their time within the service. Service user files reviewed during inspection contained evidence of communications between the service users and relatives where changing needs were identified and

reassessments resulted in amended care and support plans. Bi-monthly meetings between the registered manager and service users were also reviewed post inspection and provide feedback on all aspects of service users daily living, records reviewed had been signed by the service user and manager. Ongoing communications with trust professionals and daycentre staff forms an intergral part of this ongoing review process and this was evident during inspection in respect of annual reviews.

Staff spoken with during the inspection 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 of service users is completed during the annual review of care and support packages to ensure effective service delivery.

Staff interviewed during inspection confirmed that they were provided with details of care and support plans for each new service user and in the course of ongoing reviews for longterm service users. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Questionnaires are provided for service users and families to give feedback on an annual basis. Evidence of this process was reviewed within the annual quality report completed for 2015. Review of the 2015 annual report confirmed satisfaction with the service being provided with a number of areas for potential review highlighted. The inspector discussed sharing the report findings with service users, families and commissioners. Assurances were provided by the registered manager that this process would be included in the 2017 report. The registered manager confirmed the 2016 report had not been completed due to staffing matters. The inspector has requested submission of the 2017 report with the returned QIP to ensure inclusion of all stakeholders and appropriate sharing of the report with all stakeholders.

Staff questionnaires received by RQIA suggested service users are involved in care and support plan development and receive the right care, at the right time and with the best outcome for them.

Service user questionnaires received by RQIA suggested care is effective with service users confirming they are involved in care and support planning of their needs and ongoing review.

Areas for improvement

One area for improvement was identified during the inspection and relates to completion of the 2017 annual quality report and submission to RQIA for review.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

All of the service users and relatives spoken with during inspection felt that care was compassionate. Support staff treat the service user with dignity and respect, and care and support is not rushed. Observations made by the inspector throughout the inspection day did not raise any concerns regarding compassionate care delivery. Service users, as far as possible, are given their choice in regards to activities and meals. No issues with confidentiality were raised.

Views of service users and relatives have been sought through annual reviews or questionnaires to ensure satisfaction with the care and support that has been provided by the PBSW Willowbrook Lane. Examples of some of the comments made by service users or their relatives are listed below:

- “XXX gets on really well with the keyworker and can’t wait to get back to Willowbrook during home visits to family.”
- “No concerns with any of the carers.”
- “The communication and handling of certain matters has not always been as I would wish.”

The agency implements service user quality monitoring practices on an ongoing basis through annual reviews and the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs and includes input from relevant trust and daycentre staff. Quality monitoring from service user bi monthly meetings alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members in general; this was supported during the inspector discussions with service users and most families. Feedback contrary to this was shared with the support staff and registered person during inspection.

Staff supervision and appraisal records reviewed by the inspector highlighted no concerns regarding staff practice during daily practices. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding, the registered manager provided information in support of appropriate action being taken. Review of one safeguarding incident during inspection supported appropriate procedures in place although staff retraining was somewhat delayed due to the training agency availability. The inspector discussed with the registered manager post inspection the requirement for swift follow up regarding staff retraining when any future matters arise. Assurances were provided by the registered manager in this regard.

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 procedures.

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.

Service user questionnaires received supported service users feel that care was compassionate with no issues arising.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

All of the service users and relatives spoken with during inspection confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints about the care or concerns regarding the management of the agency were raised during the interviews. One family member did highlight that communication could be more effective and management of certain matters relating to their relative have not always been to their satisfaction, the agency registered person and manager are aware of the matters raised and are maintaining care and support needs for the service user under review.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Mr Alan Tate, the agency provides domiciliary care to nine people living in their own homes.

Review of the statement of purpose and discussion with the registered person, and support staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and where clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. 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 policy and procedures which are maintained in hard copy were not available for review during inspection as they are current being updated by the PBSW. The registered person and manager confirmed all relevant policies are in place and will be returned to the service upon review. Availability of policies was discussed with the registered manager during inspection, the inspector advised that policies and procedures should be available for all future inspections. Individual policies requested by the inspector were provided post inspection for review. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within those policies reviewed; this review process was also confirmed by the registered person and registered manager during inspection discussions. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which occur every six to eight weeks.

The complaints log was viewed for 2016-2017 to date, with no complaints arising. Review of the complaints log by the monitoring manager (during monthly visits) was evident during inspection and supported appropriate processes in place for complaints review and resolution.

Discussion with the registered person and registered manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Two incidents had occurred since the previous inspection. Review of both matters confirmed appropriate procedures in place for reporting and management of the incidents. Staff retraining following one matter was significantly delayed due to unavailability by the training agency, this matter was discussed with the registered manager post inspection and is required to be kept under review for any future matters arising.

The inspector reviewed the monthly monitoring reports from January to April 2017. The reports evidenced that the assistant residential and support services manager (monitoring manager) is delegated to complete this process. Monthly monitoring was found to be in accordance with minimum standards with input from staff members and commissioners. The inspector did highlight that feedback from a range of commissioners is not consistently sought and this matter was brought to the attention of the registered manager. The inspector also highlighted that matters for review during one month require to be effectively implemented and reviewed ongoing to ensure matters have been addressed and closed off. The registered manager agreed to provide feedback to the monitoring manager on both matters.

Three support staff spoken with indicated that they felt supported by their managers who they described as always available on the phone or in person at the office. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users. Information provided to RQIA by two staff prior to the inspection highlighted that staff did not feel supported within Willowbrook Lane, both staff have brought their concerns to the attention of PBSW management team and the information presented to RQIA was also shared with the registered person prior to the unannounced inspection. The registered person and the registered manager both assured the inspector that concerns raised with staff are reviewed and discussed as required.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users needs.

The inspector was informed by the registered person and manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all staff are registered with NISCC and this was confirmed by those staff spoken with during inspection. Procedures were discussed regarding future processes for ensuring staff renew registration appropriately. The registered manager provided assurances that staff registration would be maintained under review.

Staff questionnaires received indicated a mixed view on the service being well led with seven staff indicating satisfaction with the agency management systems while one staff felt that staffing levels should be increased to meet current service user needs. This opinion was shared by two staff who communicated with RQIA pre-inspection. This matter was discussed with the registered person and manager via telephone during and post inspection and assurances provided that staffing levels were being kept under review due to the current increase in service users' needs. The inspector did note that feedback received from service users and families during the inspection day and discussions by the inspector with staff during the inspection day did not highlight specific concerns in these areas. One family member did discuss staffing levels in relation to their relatives current support needs and acknowledged some difficulties in this regard over recent months.

Service user questionnaires received did not raise any concerns regarding management of the service.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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 Alan Tate, Registered Manager, 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 web portal 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

Requirement 1

Ref: Regulation 16(5)

Stated: First time

To be completed by:
With immediate effect from the date of inspection

(5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—

(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and

(b) during that induction training—

(i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;

(ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker;

(iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty; and

(iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.

Response by registered provider detailing the actions taken:
A new recording system has been put in place to ensure Induction details are recorded.

Recommendations

Recommendation 1

Ref: Standard 8.12

Stated: First time

To be completed by:
12 July 2017 and submission to RQIA for review

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.

Response by registered provider detailing the actions taken:
The results of the Quality Audit are currently being compiled.



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