



Announced Care Inspection Report 31 October 2019



NDA Mental Health Services

Type of Service: Domiciliary Care Agency
Address: 18 William Street, Newtownards, BT23 4EJ
Tel No: 02891819426
Inspectors: Joanne Faulkner
Corrie Visser

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency supported living type. The agency office is located in Newtownards. The agency's aim is to provide care and support to meet the individual assessed needs of service users. Staff are available to provide care and support to service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

3.0 Service details

Organisation/Registered Provider: NDA Mental Health Services Responsible Individual: Mr Andrew James Mayhew	Registered Manager: Miss Karen McRoberts
Person in charge at the time of inspection: A manager from another service	Date manager registered: 05 February 2015

4.0 Inspection summary

An announced inspection took place on 31 October 2019 from 9.30 to 18.00 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, the Regulation and Quality Improvement Authority (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 promoted and protected. This means we will seek evidence and assurances from providers that they have and will 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. Service users should also experience the choices and freedoms associated with any person living in their own home.

During the inspection a number of concerns were identified in relation to noncompliance with the regulations/minimum standards. The concerns identified included failings in the agency's processes for ensuring staff were appropriately registered with the relevant regulatory body; and the robustness of the quality monitoring process.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to inform them of the intention to issue two Failure to Comply notices with regards to Regulation 23 and Regulation 13 of The Domiciliary Care Agencies Regulations (Northern Ireland), 2007. A meeting was held at RQIA offices on 13 November 2019 to discuss these breaches that were identified during this inspection.

At the meeting on 13 November 2019, RQIA was provided with evidence and assurances that the registered person had developed and planned to implement a more robust and effective system for monitoring the quality of the service provided in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The registered person had developed a detailed action plan in respect of Regulation 13 and the requirement for all staff to be appropriately registered with the relevant regulatory body. Improvements required in respect of the regulations are outlined in the Quality Improvement Plan (QIP) included in this report.

RQIA was concerned that the lack of governance and oversight had the potential to impact on the safety or effectiveness of the care provision within the domiciliary care agency. The outcome of the meeting did not result in the issuing of two Failure to Comply notices.

However, RQIA made the decision to issue a QIP outlining a number of areas for improvement and additionally, in accordance with Regulation 23.-(2)(3), the responsible individual is required to forward to RQIA the reports of the monthly quality monitoring audits until further notice.

Evidence of good practice was found in relation to the agency's processes for staff induction, the provision of individualised care and support and engagement with service users. This was supported through the review of records and from feedback received from the staff and 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	4*	2

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. A failure to comply notice was not issued.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 20 July 2018

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 20 July 2018.

5.0 How we inspect

Prior to inspection the inspectors reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

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

- discussion with the person in charge
- discussions with staff, service users and the relative of one service user
- discussion with the Registered Person
- examination of records
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspectors, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; eight responses were received within the timescales. Comment received: "Despite current staff shortages, all efforts are made to maintain a high standard of care for all service users, with staff working extra hours and sharing the workload amongst the team."

Questionnaires were also provided for distribution to the service users and their representatives; no questionnaires were returned prior to the issuing of this report.

The inspectors requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow individuals who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as not met and will be stated for a second time.

The inspectors would like to thank the registered person, the person in charge, staff, service users and one relative for their co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 20 July 2018

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
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by an agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The agency did not have in place a statement indicating that individual staff members were mentally and physically fit for the purposes of their job role. This was assessed as not met and will be stated for a second time.</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 inspectors reviewed the agency’s systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

It was identified that staff recruitment is co-ordinated by the organisation’s Human Resources (HR) department. Details of all information relating to staff recruitment are retained by the HR department. An area for improvement identified during the last inspection was assessed as not met and has been stated for a second time.

The induction programme provided to staff was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted from

discussions with staff and records viewed that new staff are required to complete training in a range of areas and in addition shadow other staff employed by the agency as part of their initial induction programme.

Staff who spoke to the inspectors indicated that their induction had provided them with the knowledge and skills to meet the needs of the service users. Staff stated that they were introduced to the service users prior to providing care and support. It was identified that staff are provided with a job description at the commencement of employment.

Discussions with the person in charge and staff, and rota information viewed provided assurances that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users.

Staff rota information viewed indicated that the care and support is provided to service users by a core staff team. Staff stated that they aim to provide continuity of staff as this can have a positive impact on the service users' experience in relation to their human rights such as privacy, dignity and respect.

Discussions with a number of service users and a relative during the inspection identified that they had no concerns with regards receiving the appropriate care and support.

It was noted that all staff accessed from another registered domiciliary care agency are required to complete an induction prior to providing care. The agency retains details of staff training, previous experience, Access NI checks and registration status with the Northern Ireland Social Care Council (NISCC) for all staff accessed from another agency.

Staff are required to participate in bi-monthly supervision meetings and annual appraisal. It was noted from records viewed that domiciliary care workers had received supervision and appraisal in accordance with the agency's policy. However, it was noted that a number of team leaders had not had supervision in accordance with the agency's policy. An area for improvement has been identified.

The inspectors reviewed the agency's system for monitoring staff registration with the relevant regulatory body. It was identified that details of the registration status of staff required to be registered with NISCC is retained and monitored in conjunction with the HR department.

It was identified from records viewed that four support workers currently being supplied by the agency were not registered with NISCC within the timescales required from the commencement of their employment. There was insufficient evidence that the agency had a robust system in place for monitoring and reviewing the registration status of staff employed by the agency and for ensuring that staff being supplied to provide care and support are appropriately registered with the relevant regulatory body. A staff member on duty during the inspection who was identified as not being registered was suspended from duty immediately.

One of the inspectors spoke to the registered person during the inspection in relation to this matter and was provided with an assurance that a review of all staff registration status within all of the organisation's regulated services would be completed immediately.

In relation to the concerns identified from the findings from this inspection, and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a Failure to Comply notice in respect of Regulation 13 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At a meeting at RQIA offices on 13 November 2019, the registered person acknowledged that the agency's current system for monitoring the registration status of staff with the relevant regulatory body was not robust. The registered person stated that the process had been reviewed immediately following the inspection and provided assurances that a more effective system had been developed and was currently being implemented. The registered person provided RQIA with a detailed action plan that had been developed to address the matters identified. The registered person described details of the system that would be implemented to ensure that accurate and detailed information would be retained in relation to the matters reviewed and the governance arrangements put in place to monitor and review compliance.

The registered person stated that following the inspection a review of all staff employed in the organisation's other registered services was completed in relation to their registration status; they stated that all staff currently supplied were appropriately registered with the relevant regulatory body.

From the information provided RQIA was provided with assurances that the registered person had established and would implement a robust and effective system for monitoring the registration of staff with the relevant regulatory body in accordance with Regulation 13 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Based on the evidence and assurances provided, RQIA did not issue a Failure to Comply notice in respect of Regulation 13 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was agreed that an area for improvement would be included within the QIP.

Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of the service users they are providing care to. Staff could describe the process for identifying training needs and their responsibility for ensuring that training updates are completed as required.

Records of training completed by staff viewed during the inspection indicated that the majority of staff had completed relevant training. A small number of staff were due to complete training updates in areas such as moving and handling, personal safety and first aid. It was noted that staff had completed training in a range of areas such as moving and handling, first aid, infection control, data protection, complaints, suicide awareness, positive behaviour, medication, fire and adult safeguarding. It was positive to note that a range of key areas are discussed during the initial induction programme provided to staff such as equality, diversity, confidentiality, safeguarding and whistleblowing.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's safeguarding policy and procedures were noted to reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in

reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC); the organisation has developed an Adult Safeguarding Position report.

Discussions with the person in charge and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

From discussions with the person in charge it was identified that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter. Records viewed indicated that all staff had completed appropriate training in relation to adult safeguarding. The person in charge stated that there were no ongoing investigations at the time of inspection.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding. Records viewed and discussions with the person in charge indicated that referrals made since the previous inspection had been managed in accordance with the organisation's procedures. It was identified that a clear record needs to be retained of the actions taken and outcomes following any referrals made. An area for improvement has been identified.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the agency's policy and procedure with regard to whistleblowing.

Service users who spoke to one of the inspectors stated that they had no concerns regarding their safety; they indicated that they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency had provided service users with information in relation to the process for reporting any concerns.

A review of the accidents and incidents which had occurred within the agency identified that they had been managed appropriately.

The agency has a process for assessing and reviewing risk. Records viewed and discussions with the person in charge confirmed that comprehensive risk assessments, and care plans had been completed in conjunction with service users and where appropriate their Health and Social Care Trust (HSCT) representatives.

Staff who spoke to the inspectors were knowledgeable regarding the individual needs and preferences of service users'. They described the value they place on ensuring that service users are supported in an individualised way, where their preferences, choices and views are respected. Staff described the need to balance risk with the choices and human rights of individual service users and the need to support service users to be as independent as possible.

Discussions with service users, a relative and staff indicated that the service users were supported to make their own choices. Discussions with staff indicated that they had a clear understanding of service users' human rights. Staff could describe how they familiarise themselves with the needs of individual service users and take appropriate measures to promote/ensure their safety, wellbeing and views.

The agency’s office accommodation is located in a separate location from the homes of the service users. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose. During the inspection it was noted that records were stored securely and in a well organised manner; and that computers were password protected.

Comments received during inspection process

Service users’ comments

- “Staff are very good, very respectful.”
- “If staff are going to be late they give me a call.”
- “I can ring the office if worried; speak to ***** (operations manager) at any time.”
- “I am more than happy. ***** (care worker) is fabulous.”
- “Staff are very good, they are excellent with me.”

Staff comments

- “Things are tight and busy but we all pull together. Staff do additional shifts to cover.”
- “We get support from above; the operations manager listens.”
- “We keep the scheme running, we have a happy team.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction and training, and the management of incidents/accidents.

Areas for improvement

One area for improvement identified at the last care inspection relating to staff recruitment was assessed as not met and is stated for a second time. In addition, three areas for improvement were identified in this domain during this inspection; they relate to staff supervision, staff registration with NISCC and adult safeguarding.

	Regulations	Standards
Total number of areas for improvement	2	2

6.4 Is care effective?

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

The inspectors reviewed the agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

Records viewed during the inspection were noted to be retained in a well organised and secure manner. Care records viewed included relevant referral information received from a range of HSCT representatives and in addition included care plans and details of the

decision making process for any practices deemed to be restrictive. The inspectors discussed with the person in charge the need for staff to record their full signature on documentation and to ensure that a list is developed for any abbreviations used. An area for improvement has been identified.

The review of two service user care records identified that they were comprehensive and individualised. Care plans viewed were noted to provide details of the specific care and support required by individual service users; it was noted that care plans are reviewed monthly. The agency retains details of any practices deemed to be restrictive. The agency contributes to service user reviews facilitated by a range of relevant representatives.

Staff could describe the processes used for supporting service users to be involved in the care planning and review processes. Staff record the care and support provided to service users at each visit. Staff stated that the aim is to support service users to live as independently as possible.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, and staff, and observations made indicated that staff endeavour to communicate appropriately with service users.

The person in charge and staff could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders were appropriate. There was evidence of ongoing liaison with HSCT contracts department in relation to the service being provided.

The agency facilitates staff meetings; staff stated that they are provided with the opportunity to raise matters of concern. A record is retained of matters discussed; they included staffing arrangements, safeguarding, service user needs and complaints.

Service user meetings are facilitated and a record of matters discussed is retained. There was evidence of regular engagement with service users to ascertain their views and choices in relation to a range of matters.

Comments received during inspection process

Service users' comments

- "I can raise concerns, staff help me with correspondence."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's systems for effectively communicating with service users, and other key stakeholders.

Areas for improvement

One area for improvement was identified in this domain during the inspection in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	1	0

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 agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support was assessed.

Discussions with staff and service users, observations made and documentation viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way staff provide the care and support to service users.

Service users indicated that they had been provided with information relating to human rights, personal safety and raising a complaint/raising. Service users described how staff support them to make decisions about all aspects of their life; they stated that staff are approachable and helpful. Service users stated that they can refuse any aspect of their care. Staff described the challenges and risks that may arise due to choices made by service users.

Care records viewed were noted to contain information relating to the specific needs of service users and their individual choices and preferences. Discussions with staff and service users, and observations made provided assurances that care and support is provided in an individualised manner.

The inspectors discussed arrangements in place relating to the equity of opportunity for service users and the need for staff to be aware of equality legislation whilst recognising and responding to the diverse needs and choices of service users in a safe and effective manner. It was identified that staff had been provided with equality awareness information during their induction programme.

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

- effective methods of communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- risk assessment and care planning

It was identified that the agency collects equality data of service users such as; age, gender, disability, marital status via their referral and assessment processes.

Service users who spoke to one of the inspectors indicated that staff will engage with them in relation to the care and support being provided. Records of service user meetings and care records indicated regular engagement with service users and where appropriate other relevant stakeholders. These processes assist the agency in obtaining feedback on the service provided and views as to how the service could be improved.

Discussions with staff, service users, a relative and observations of staff and service user interactions indicated that care was provided in a compassionate and caring manner.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised care and support. There was evidence that the agency had arrangements in place for protecting and promoting the human rights of service users.

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 management and governance systems in place within the agency to meet the assessed needs of service users were reviewed. On the date of inspection the registered manager was on leave; the registered person stated that one of the organisation's operations managers would be managing the agency in the absence of the registered manager. A number of team leaders provide support and guidance to the domiciliary care workers. Staff described the process for obtaining support at any time, including out of hours arrangements.

The agency's policies and procedures are retained electronically; staff could describe how they access them as required.

The organisation's complaints policy outlines the procedure for managing complaints. Discussions with staff indicated that they had an understanding of the actions to be taken in the event of a complaint being received. Staff are provided with complaints awareness training during their induction programme. Service users and a relative who spoke to one of the inspectors knew how to raise concerns and make a complaint.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the person in charge that the agency has received no complaints since the previous inspection.

The person in charge could describe the benefits of reviewing the quality of the services provided with the aim of improving the service provided to the service users.

The organisation has a range of systems for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Systems include the provision of the required policies and procedures and provision of relevant staff training. The inspectors viewed evidence of effective collaborative working relationships with HSCCT representatives. The inspectors viewed evidence which indicated appropriate staff induction and training.

The inspectors reviewed the agency's process for monitoring quality. It was noted that monthly audits are completed and a report developed. The inspectors viewed the quality monitoring reports of a number of the audits completed. The reports viewed were noted to include details of the review of the previous action plan, review of service user care records, accidents/incidents, adult safeguarding referrals, and complaints; an action plan was included. However it was concerning to note that the process had failed to identify that staff currently being supplied by the agency were not appropriately registered with the relevant regulatory body.

In relation to the concerns identified from the findings from this inspection, and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a Failure to Comply notice in respect of Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At a meeting at RQIA offices on 13 November 2019, the registered person acknowledged that the agency's current system for monitoring quality was not robust and had failed to identify that staff were not registered with NISCC. The registered person stated that the process had been reviewed immediately following the inspection and provided assurances that a more effective system had been developed and was currently being implemented. The registered person provided RQIA with a copy of the quality monitoring report template which had been updated to include the review of staffing arrangements and staff registration status. The registered person described details of the system that would be implemented to ensure that accurate and detailed information would be retained in relation to the matters reviewed and the governance arrangements put in place to monitor and review compliance.

From the information provided RQIA was provided with assurances that the registered person had established and would implement a robust and effective system for monitoring the quality of the service provided in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Based on the evidence and assurances provided, RQIA did not issue a Failure to Comply notice in respect of Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was agreed that an area for improvement would be included within the QIP and in addition the registered person was informed that they were

required to forward copies of the Quality Monitoring reports completed for the agency to RQIA until further notice.

On the date of inspection the certificate of registration was viewed and reflective of the service provided.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users and relevant stakeholders.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's quality monitoring system.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge and the registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by an agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This relates specifically to a statement by the registered provider, or the registered manager, as the case may be, that person is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Praxis Care as part of their recruitment process have an effective system for monitoring all staff are physically and mentally fit for the purposes of the work in which they are to perform. This information is held within each staff members file in scheme and the Human Resources Department in Head Office. The registered person has contacted HR and ensured that all domicillary workers within North Down and Ards Mental Health Services have this documentation within their HR file and in their staff file in scheme.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13. (d)(e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by an agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>(e) Subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register;</p> <p>This relates specifically to the registration of staff with the relevant regulatory body.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Praxis Care has now implemented a designated staff member within Head Office to review all NISCC registrations for all staff required to be registered with NISCC. A spreadsheet has also been implemented across all schemes within Praxis Care outlining all staff members NISCC registration number, date registered and date due for registration. This spreadsheet is checked weekly by the registered Manager and monthly by the Head of Operations</p>

	during the monthly monitoring visit to ensure all staffs registrations up to date.
--	--

<p>Area for improvement 3</p> <p>Ref: Regulation 21.(1)(a) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The new registered manager for North Down and Ards has created a staff register detailing staff's qualifications and relevant experience in an alphabetical index. A review of all staff training has also been completed and all training certificates have been placed in each staff members file. A contacts file has been set up outlining each service user within each services personal details, ID codes, Next of Kin information and SEHSCT Key worker contact information in the event of concerns being raised.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 23.- (1)(2)(3)(4)(5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <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 to 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>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Head of Operations for North Down and Ards completes</p>

	<p>monthly regulatory monitoring visits evaluating the quality of the services provided. During this monitoring visit service users and their representatives are contacted and asked their views of the services provided by the scheme. This is recorded within the Monthly Monitoring Report which the registered person is given to ensure that any and all outstanding actions are addressed within the agreed timeframe and these are reviewed at the next monitoring visit by the Head of Operations. Going forward all Monthly Monitoring visits completed by the Head of Operations for Nother Down and Ards Mental Health services will be forwarded to RQIA as requested.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The new registered manager for North Down and Ards has reviewed all supervision files and ensured that all information within is relevant, up to date and kept in a secure manner. All Team Leaders have now been supervised as per Supervision Policy and a supervision schedule has been completed to ensure that no supervisions are missed going forward.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.7</p> <p>State: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, the outcome and action taken by the agency.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The registered manager for North Down and Ards has reviewed the Safeguarding File kept within scheme to confirm that any Safeguarding concerns are addressed in line with Praxis Care policy and procedures. Any outcomes which are required or the action taken by the registered person in line with the Safeguarding Officer of Praxis Care and the SEHSCT are documented within the Safeguarding file and each record is fully signed off.</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)