Unannounced Care Inspection Report
21 June 2018

Supported Living Services

Type of service: Domiciliary Care Agency
Address: 1-3 Bowens Close, Banbridge Road, Lurgan BT66 7WD
Tel no: 02838345317
Inspector: Joanne Faulkner

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

Supported Living Services is a domiciliary care agency supported living type, providing care and support to individuals who live in the Lurgan area. The agency's registered office is located in the home of three of the service users. Staff employed by the Southern Health and Social Care Trust (SHSCT) provide 24 hour care and support to the service users.

The accommodation is located close to Lurgan town centre which facilitates easy access to the town for shopping, leisure and recreation. Service users have individual bedrooms and a number of shared areas within their homes.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust **Responsible Individual(s):** Mr Shane Devlin (registration pending)	**Registered Manager:** Olive Hughes
Person in charge at the time of inspection: Deputy Manager	**Date manager registered:** 26 April 2017

4.0 Inspection summary

An unannounced inspection took place on 21 June 2018 from 10.00 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users and relevant stakeholders
- Quality monitoring systems
- Provision of care in a caring, compassionate and person centred manner

Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met and will be stated for a second time. In addition four areas requiring improvement were identified in relation to Regulation 13 (d) Schedule 3 and the information retained by the agency relating to domiciliary care workers; Regulation 21 (1)(a) Schedule 4 relating to the agency's staff rota information; Standard 3.2 relating to the care plan information and Standard 4.4 relating to the Service User Agreement.

Comments made by service users have been included within the report.

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.

The inspector would like to thank the person in charge, staff and service users for their feedback, support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

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 did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 8 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the deputy manager
- examination of records
- consultation with service users and staff
- evaluation and feedback

During the inspection the inspector met with seven service users, the deputy manager, and three staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Reports of monthly quality monitoring visits
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy

- Confidential Reporting Policy
- Complaints Policy
- Statement of Purpose
- Service User Guide

Four areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded for two of the areas as met. Two areas were assessed as being partially met and will be stated for a second time.

Questionnaires were provided during the inspection for completion by service users and /or relatives; nine questionnaires were returned to RQIA. Responses received indicated that service users and/or their relatives were very satisfied that the care provided was safe, effective and compassionate and that the service was well led.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required.

At the request of the inspector, 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; no staff responded.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 January 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 8 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 13.3	The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures.	

Stated: First time	Ref: 6.4 **Action taken as confirmed during the inspection**: It was identified from records viewed that staff had received supervision in accordance with the procedures and a record maintained.	**Met**
Area for improvement 2 **Ref**: Standard 10.4 **Stated**: First time	The registered person shall ensure that the information held on record is accurate, up-to-date and necessary. Ref: 6.4 **Action taken as confirmed during the inspection**: Supervision records viewed were noted to be stored in a file and retained in a locked cabinet.	**Met**
Area for improvement 3 **Ref**: Standard 12.3 **Stated**: First time	The registered person shall ensure that mandatory training requirements are met. Ref: 6.4 **Action taken as confirmed during the inspection**: It was identified from records viewed that two staff were required to complete Adult Safeguarding updates. Following the inspection the inspector was provided with the dates staff had attended. In addition it was noted that a number of staff were required to complete infection control and Basic life support training updates. This area for improvement will be stated for a second time.	**Partially met**
Area for improvement 4 **Ref**: Standard 12.7 **Stated**: First time	The registered person shall ensure that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by the staff. The record includes: • the names and signatures of those attending the training event; • the date(s) of the training; • the name and the qualification of the trainer or the training agency; and • content of the training programme. Ref: 6.4	**Partially met**

	Action taken as confirmed during the inspection: It was identified from records viewed that the agency had made some progress in this area. However, it was identified that the information retained needs to be an accurate reflection of training completed by staff. This area for improvement will be stated for a second time.	

6.3 Inspection findings

6.4 Is care safe?

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

The agency's systems to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was noted that the agency's staff recruitment process is co-ordinated by the Business Support Organisation (BSO); the person in charge stated that they receive confirmation that all checks have been completed. The person in charge provided assurance that staff are not provided for work until confirmation of pre-employment checks has been received.

Discussions with the person in charge identified that the agency does not currently have in place a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13 (d) Schedule 3. An area for improvement was identified.

It was noted that the agency is required to review and update the alphabetical index of staff and service users in accordance with Regulation 21.(1)(a) Schedule 4. An area for improvement was identified.

The agency's induction policy details the induction programme provided to staff; it was noted that it was in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction during the first three days of employment and in addition to shadow other staff employed by the agency. The person in charge stated that staff are required to complete on line corporate induction and an induction workbook within the initial six months of employment. Staff could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency during their induction programme. A records of the induction programme provided to staff is retained by the agency.

The agency has a system for recording staff training; the person in charge could describe the process for identifying training needs and for ensuring that training updates are completed. Staff are required to complete training in a number of mandatory areas and training specific to the individual needs of service users. It was identified that the agency had made a number of

changes to their process for recording training completed by staff; however it was identified from training and induction records viewed that a number of records did not clearly identify the dates of induction and mandatory training, and had not been signed by the person verifying the information. One area for improvement identified in respect of Standard 12.7 at the previous care inspection was identified as being partially met and has been stated for a second time.

The inspector viewed that the agency's staff training information; it was identified that a number of staff were required to complete training updates in infection control and basic life support. The person in charge discussed plans to ensure this matter was being addressed. One area for improvement identified in respect of Standard 12.3 at the previous care inspection was identified as partially met and has been stated for a second time.

It was identified that staff provided at short notice are accessed from staff already employed by the SHSCT. It was identified that a number of the agency's staff provide additional cover if required to encourage continuity of the service.

Discussions with the person in charge and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. Discussions with staff indicated that they had appropriate knowledge and skills for their job roles.

The inspector viewed the agency's staff rota information which is noted to be retained in a paper format. It was identified that the rota on occasions did not clearly identify the details of the staff members provided. The inspector discussed with the person in charge the need to review the process to ensure that a record is retained which clearly details each supply of a domiciliary care worker to a service user and that the principles of good record keeping are maintained. An area for improvement was identified.

Staff rota information viewed was noted to reflect staffing levels as described by person in charge and staff. It was noted that staffing arrangements are reviewed by the person completing the monthly quality monitoring visit.

The agency retains details of staff registration status and expiry dates with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) as appropriate. The person in charge stated that the registration status of staff is monitored monthly both by them and the organisation's Human Resources (HR) department.

The person in charge stated that staff will not be supplied for work if they are not appropriately registered. Records viewed during the inspection indicated that staff were registered appropriately.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. It was identified that staff are required to receive a minimum of four supervision meetings per year and an annual appraisal. A record of supervision and appraisal are required to be maintained. From records viewed it was identified that since the previous inspection staff had received supervision and appraisal. The agency now maintains a supervision matrix and staff are required to sign to indicate that supervision was completed as detailed. The person in charge stated that the agency are reviewing their system for storing supervision records.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures 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 identified an Adult Safeguarding Champion (ASC).

Staff demonstrated that they had a good understanding of the process for reporting adult safeguarding concerns. It was identified that staff are required to complete safeguarding training during their induction programme and in addition two yearly updates thereafter. Training records viewed by the inspector indicated that the majority of staff had received training in relation to safeguarding vulnerable adults. Following the inspection the inspector was provided with details of training completed by two staff who had been identified as requiring an update.

Service users had been provided with information in relation to adult protection and personal safety. Service users who met with the inspector could describe what to do if they had concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained for referrals made in relation to safeguarding adults. Discussions with the person in charge and records viewed evidenced that the agency has a process for recording and retaining details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that referrals made by the agency had been managed in accordance with their policy and procedures.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. It was identified that service users are supported to participate in an annual review involving their HSCT community keyworker. The inspector viewed a range of risk assessments in place relating to individual service users. Care plans viewed were noted to be detailed; it was identified that they are reviewed at least annually; it was noted that on occasions the date changes had been made to care plans had not been recorded. It was also identified that a care plan provided recently by the referring HSCT community keyworker had not been signed. An area for improvement was identified.

The agency's registered office is located in the home of three of the service users and accessed from a shared entrance. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that office is secure and that PC's were password protected.

Comments received during inspection process.

Service users' comments

- "I have no worries."
- "Staff are good."
- "Staff help me."
- "I feel very safe."

Staff comments

- "I get supervision and appraisal."

- "I feel service users are well supported to remain safe."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff supervision, appraisal and adult protection.

Areas for improvement

Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met and will be stated for a second time. In addition areas for improvement were identified during the inspection in relation to information retained for domiciliary care workers, the alphabetical index of service users, service users care plans and the agency's staff rota information.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. The person in charge indicated that the policies are in the process of being updated in accordance with General Data Protection Regulation (GDPR) legislation.

Staff could describe the range of methods used for supporting service users to be effectively engaged in their individual care planning and review processes. The inspector viewed a range of service user care records; it was noted that staff record daily the care.

The agency has systems in place for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The agency has a system for the completion of monthly quality monitoring visits by the quality monitoring officer and a monthly report is developed.

The inspector viewed the agency's reports relating to the monthly quality monitoring visits completed by the organization's quality monitoring officer. Records viewed indicated that the process assists in identifying areas for improvement and that an action plan is developed. The reports were noted to include comments made by service users, their relatives, HSCT representatives and the agency's staff. They included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals, staffing arrangements, care records, medication and any practices that may be deemed as restrictive.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate effectively and appropriately with service users and in a respectful manner.

The inspector noted that a number of individual service user agreements had not reviewed, updated or been signed by the service user; this was discussed with the person in charge. An area for improvement was identified in relation Standard 4.3.

The agency's Service User Handbook includes details of advocacy services that service users can access if required. It was noted that the services of independent advocates had been accessed previously.

The person in charge and staff could describe a range of methods used to develop and maintain effective working relationships with community HSCT representatives and relatives.

Comments received during inspection process.

Service users' comments

- "I am very happy; I feel safe and well cared for."
- "I can talk to staff if I am worried."
- "Staff are excellent."
- "Staff take us out."
- "I love it here; there is no better place."
- "Staff are good."

Staff comments

- "I think the service users have a good quality of life here."
- "We support service users to go on holiday."

Staff stated that the aim of the service is to encourage service users to be as independent as possible and that appropriate support is provided to meet the individual assessed needs and choices of each service user. Service users' have an allocated key worker whom they meet with to review the care and support they receive.

It was noted that tenant meetings take place weekly in the individual homes of service users; this provides the opportunity for service users to discuss any concerns and possible activities they wish to avail of. Minutes of meetings are provided and signed by service users; those viewed include details of choices/decisions made by service users.

Staff meetings are facilitated monthly; minutes of meetings viewed indicated that areas discussed had included Human Rights, complaints, medication, NISCC registration and training.

Areas of good practice

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

Areas for improvement

One area for improvement were identified during the inspection in relation to the agreement between a service user and the agency.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 the care and support they receive was assessed.

It was identified that staff had received training in relation to equality and confidentiality during their induction programme. Discussions with staff and service users, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation.

The agency has provided information to service users relating to human rights in an easy read format.

Service user care records viewed contained information in relation to the needs, choices and preferences of individual service users.

Discussions with staff indicated that they aim to provide care and support in a person centred manner; they discussed a range of methods used for effectively support service users in making informed choices. Service users described how staff support them to be involved in discussions relating to their care and daily routines; they stated that staff respect them, are caring and attentive, and listen to them.

It was identified that the agency provides a range of information in an alternative format to support service users in fully understanding the information being provided; the inspector viewed a number of these documents during the inspection. Staff could describe how these documents are used to support service users to be effectively engaged in decisions about their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst recognising and responding to the diverse needs of individual service users in a safe, effective and compassionate manner.

The agency's Statement of Purpose and Service User Handbook contains information relating to equality. Staff described the ways in which their training and development equips them with knowledge and skills to effectively engage with a diverse range of service users. The agency has provided service users with an easy read guide relating to the role of the Equality Commission and Disability Discrimination Law.

Discussions with the service users, staff and the person in charge highlighted evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication

- Service user choice
- Adult Protection matters
- Advocacy services
- Equity of care and support
- Provision of care in a person centred manner
- Individualised risk assessment

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring visits, annual carer satisfaction survey, keyworker meetings, care review meetings and service user meetings.

Documentation viewed and discussions with staff indicated that the agency has systems in place to record comments made by service users and where appropriate their representatives. Records of service user meetings, care review meetings, keyworker meetings and reports of quality monitoring visits indicated processes in place for regular engagement with service users and where appropriate relevant stakeholders.

It was positive to note that a number of positive comments had been received from the recent carer satisfaction survey completed in December 2017. All those who responded indicated that they were happy with the care provided to their relative and that the human rights of service users were upheld.

Comments received

- "Staff seem caring, level of communication is good."
- "The attention to detail in supporting **** to prepare for a wedding was excellent."

The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Observations made and discussions with staff and service users during the inspection provided evidence that service users are encouraged and supported to make choices regarding their daily routines and activities. Service users who spoke to the inspector stated that they could speak to staff at any time and indicated that staff listened to and respected their choices and opinions.

It was positive to note that the agency had been nominated for the SHSCT People's Choice Award 2018 and had been highly commented for their outstanding care and compassion.

Service users' comments

- "We go out; I am going to Spain."
- "Went to Lourdes with staff; it was great."
- "I am well cared for."
- "I have no worries."

Staff comments

- "Service users have great choice; they can do what they want."
- "The care is very individualised."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care, promotion of human rights and equality and the effective engagement with service users and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed that agency's management and governance systems in place to meet the needs of service users. The agency is managed on a day to day basis by the deputy manager under the direction of the registered manager. Staff could describe the procedure for obtaining support and guidance at all times.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in an electronic format which staff can access. Policies viewed were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monitoring of staffing arrangements, complaints, accidents, referrals made in relation to adult safeguarding and incidents notifiable to RQIA. There was evidence of ongoing collaborative working relationships with relevant stakeholders, including a range of HSCT community representatives.

The agency's complaints policy outlines the process for managing complaints. Discussions with staff demonstrated that they had an understanding of the agency's policy and the actions required to be taken in the event of a complaint being received. Staff receive complaints training as part of their corporate induction. Service users who spoke to the inspector knew how to raise concerns and could describe the process for accessing help from staff. Complaints records viewed and discussions with the person in charge indicated that the agency had received no complaints since the previous inspection. It was noted that complaints are audited on a monthly basis as part of the agency's quality monitoring process.

The agency maintains a record of all accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. The inspector noted that incidents are reviewed monthly as part of the agency's quality monitoring process.

The agency has a system for recording compliments; the inspector viewed a number of compliments that had been received.

Compliments received by the agency

- "Thanks for all you have done for me since I moved here."
- "Thanks you for all the help you give to *****."
- "Thanks for being my best friend and taking me for lunch."

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose. Staff demonstrated that they had an understanding of the responsibilities of their job roles. Staff stated that the manager and senior staff are approachable and could describe the procedure for obtaining support and guidance at any time. There was evidence of ongoing collaborative working with community HSCT representatives.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

Comments received during inspection.

Service user comments

- "All the staff are excellent."

Staff comments

- "I feel supported in my job."
- "I like working here."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management of complaints and incidents. It was positive to note that a number of compliments had been received in relation to the care and support provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, 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	
Area for improvement 1 **Ref**: Regulation 13(d) Schedule 3 **Stated**: First time **To be completed by**: Immediate from the date of inspection	The registered person shall ensure that no domiciliary worker is supplied by an agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. Ref: 6.4
	Response by registered person detailing the actions taken: For all new staff the manager will have a confirmation email from BSO that will clearly state that the following are satisfactory ie Access NI checks, references and occupational health assessment . A letter will be attached signed by the registered manager that the staff member has been deemed fit for all purposes of the work which he/she is to perform
Area for improvement 2 **Ref:** Regulation 21(1)(a) Schedule 4 **Stated**: First time **To be completed by**: Immediate from the date of inspection	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a)kept up to date, in good order and in a secure manner This relates specifically to the details of each supply of a to a service user, the alphabetical indexes of service users and domiciliary care workers and the agency's staff induction information. Ref: e.g. 6.4
	Response by registered person detailing the actions taken: The registered manager will ensure that an alphabeticical indexes of service users and domicillary care staff are availalble and that staff induction information is completed and signed of by their line manager
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref**: Standard 12.3 **Stated**: Second time **To be completed by**: Immediate from the date of inspection	The registered person shall ensure that mandatory training requirements are met. This relates specifically to Infection control and Basic Life Support training updates. Ref: 6.4
	Response by registered person detailing the actions taken: The registered manager will ensure that all corporate mandatory training requirements are met. An action plan has been put in place in relation to improving infection control and basic life support training. Dates have been arranged for staff to attend training. The registered

	manager will ensure the assistant manager holds 4-6 weekly group supervison with the band 5 senior staff to ensure training rates improve.
Area for improvement 2 **Ref**: Standard 12.7 **Stated**: Second time **To be completed by**: Immediate from the date of inspection.	The registered person shall ensure that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by the staff. The record includes: • the names and signatures of those attending the training event; • the date(s) of the training; • the name and the qualification of the trainer or the training agency; and • content of the training programme. Ref: 6.4
	Response by registered person detailing the actions taken: The registered manager will ensure that a record is kept within the facility of each member of staffs training, which will contain the above mentioned details, induction and professioal development. Each member of staff will also be completing a post Registration training and learning record in keeping with NISCC code of practice
Area for improvement 3 **Ref**: Standard 3.2 **Stated**: First time **To be completed by**: Immediate from the date of inspection	The registered manager shall ensure that the person-centred, holistic assessment of need provided to the agency includes: • a care plan, signed and agreed by the service user. Ref: 6.4
	Response by registered person detailing the actions taken: The registered manager will ensure that the care plans are signed by the service user ,community case manager and staff
Area for improvement 4 **Ref**: Standard 4.3 **Stated**: First time **To be completed by**: Immediate from the date of inspection	The registered person shall ensure that the agreement is monitored, reviewed and up-dated as necessary to reflect any changes in the care plan or in the need for service delivery. Ref: 6.5
	Response by registered person detailing the actions taken: The registered manager will ensure that careplans reflect any ,changes, reviewed and updated as necessary

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

The Regulation and Quality Improvement Authority

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