

Unannounced Domiciliary Care Agency Inspection Report 07 July 2016



Jark Healthcare

**Address: Unit 25/25 Down Business Park, 46 Belfast Road,
Downpatrick, BT30 9UP
Tel No: 02844839866
Inspector: Amanda Jackson**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Jark Healthcare took place on 07 July 2016 from 09:45 to 16:45 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 in all aspects of service provision. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. Staff induction records reviewed did not verify staff shadowing processes and competence assessment during induction; a requirement has been made. The training and development policy and procedure outlined induction training but did not reference ongoing mandatory training. Staff had not received all mandatory training during induction and updates in accordance with the agency guidelines and a recommendation has been made regarding both matters. Timeframes and procedures for staff supervision are recommended for review within the agency policy to provide clarity. The process of staff supervision taking place was confirmed during inspection. 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.

Four areas for quality improvement were identified during this inspection.

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. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. Implementation of the annual quality survey across all stakeholder groups is recommended for review alongside feedback to all stakeholder groups.

One area for quality improvement was identified during this inspection.

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.

No areas for quality improvement were identified during this inspection.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

One area for quality improvement was identified regarding review of the policy and procedure 'Management, control and monitoring of the agency'.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

Details of the QIP within this report were discussed with Mrs Marie Parks Registered Manager and the agency principal homecare consultant as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered person: Jark Healthcare/Mrs Searlain McCormack	Registered manager: Mrs Clare Marie Parks
Person in charge of the agency at the time of inspection: Mrs Clare Marie Parks	Date manager registered: 20 October 2010

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency

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

- Discussion with the registered manager and the principal homecare consultant
- Consultation with five staff
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the UCO spoke with three service users and eight relatives, either in their own home or by telephone, on 20 and 21 July 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

The UCO also reviewed the agency's documentation relating to two service users.

On the day of inspection the inspector met with five care staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Seven staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Three recently recruited staff members induction and training records
- Training and development policy and procedure
- Supervision policy and procedure
- Three long term staff members quality monitoring, supervision and appraisal records

- Three long term staff members training records
- Three staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three new service user records regarding referral, assessment, care planning and review
- Management, control and monitoring of the agency policy and procedure
- Three long term service user records regarding review, reassessment and risk assessment
- Three long term service users quality monitoring records
- Quality improvement policy
- Record keeping and reporting policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three service users home recording records
- Three monthly monitoring reports completed by the registered provider
- 2016 Annual quality report
- Three compliments
- Three staff meeting minutes
- Three emails to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Two complaints records
- Policies on reporting accidents and incidents and adverse incidents
- One incident record

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 07 September 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 07 September 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.9 Stated: First time	<p>The effect of training on practice and procedure is evaluated as part of quality improvement. (to include the registered manager training competence)</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and the principal homecare consultant during inspection confirmed this recommendation has not been achieved since the previous inspection and will be addressed following the current inspection.</p>	Not Met
Recommendation 2 Ref: Standard 8.10 Stated: Second time	<p>The registered manager is recommended to ensure service user records are fully and consistently completed by care staff at every visit.</p> <p>Action taken as confirmed during the inspection: Review of three service user home records during inspection confirmed compliance with standard 8.10.</p>	Met
Recommendation 3 Ref: Standard 15.10 Stated: First time	<p>Records are kept of all complaints and these include details of all communications with complainants, the results of any investigation and action taken.</p> <p>As discussed within theme one of the report.</p> <p>Action taken as confirmed during the inspection: Review of two complaints received since the previous inspection confirmed compliance with standard 15.10.</p>	Met

<p>Recommendation 4</p> <p>Ref: Standard 9</p> <p>Stated: First time</p>	<p>There are policies and procedures in place that direct the quality of care and services. The registered manager is recommended to develop a policy and procedure in respect of communications with service users regarding missed or late calls.</p> <p>As discussed within theme two of the report.</p> <p>Action taken as confirmed during the inspection: Review of policy on 'Informing service users of late calls or change of worker' dated 28 October 2015 was reviewed as compliant.</p>	<p>Met</p>
<p>Recommendation 5</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. This report summaries any action taken by the registered person or the registered manager to ensure the organisation is being managed in accordance with minimum standards. (regarding missed or late calls)</p> <p>As discussed within theme two of the report.</p> <p>Action taken as confirmed during the inspection: Review of monthly quality monitoring reports completed by the registered person for January, February and March 2016 were reviewed as compliant.</p>	<p>Met</p>

4.3 Is care safe?

The agency currently provides services to 203 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. The inspector did request verification regarding a reference sought for one staff member in terms of most recent employer and this was confirmed for the inspector post inspection. An induction programme had been completed with each staff member but evidence of shadowing completed and competence assessment were not available for review and have been required at this inspection. The records reviewed also evidenced gaps in mandatory training in line with the agencies guidelines regarding challenging behaviour and service user's monies and this has been recommended for review. The agency incorporates all elements of the Northern Ireland

Social Care Council (NISCC) induction standards within their induction process and this was verified during inspection. The registered manager confirmed a number of staff are registered with NISCC with all remaining staff scheduled for registration by January 2017. Two of the five care staff interviewed during the inspection day, had commenced employment within the previous year. These staff described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Jark Healthcare. New carers had usually 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 carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included manual handling and use of equipment. All of the service users and relatives interviewed confirmed that they could approach both carers and office staff if they have any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Only positive things to say."
- "Continuity is terribly important. Great that we have a regular team."
- "Couldn't do without them."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance to the required standards. The policy requires updating in line the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The whistleblowing policy is recommended for update in respect of contact details for all organisations. The registered manager provided assurances both policies would be updated accordingly.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme with exception to challenging behaviour and services user's monies. The agency's policy and procedure detailed induction training but did not reference ongoing update training; recommendations have been made in respect of the policy and staff training. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs including Trachea, stoma and diabetes care. Training is facilitated by external agencies and within the agency. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered and confirmed additional training is provided and made available upon request.

Records reviewed for three long term staff members evidenced mandatory training with exception to the areas specified above. Quality monitoring, supervision and appraisal were confirmed as compliant with the timeframes discussed during inspection with the registered manager. The agency policy for supervision and appraisal outlines timeframes and process for appraisal but not supervision and this has been recommended. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training and discussed

processes around regular quality monitoring, supervision and appraisal in compliance with the timeframes discussed during inspection with the manager.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

A review of safeguarding matters did not take place as no matters had arisen since the previous inspection.

Each of the five care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out review meetings with service users/representatives and the trust were appropriate to ensure service user needs were being met. The registered manager confirmed that the agency implement their own separate quality monitoring process and this was confirmed during review of three long standing service users. The registered manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

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

Areas for improvement

Four areas for improvement were identified during the inspection. The agency is required to ensure staff shadowing and competence sign off during induction are confirmed in accordance with Regulation 16(5). Staff induction training and update mandatory training has been recommended for review along with the agency's policy and procedure. Revision of the supervision and appraisal policy has been recommended regarding timeframes and procedures for supervision.

Number of requirements:	1	Number of recommendations:	3
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4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping; however one service user felt that care had been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users and staff from Jark Healthcare were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place on a regular basis. The majority of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package and they have received questionnaires from the agency to obtain their views on the service.

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

- “Never had a complaint.”
- “Gives me peace of mind to know that someone checks on XXX.”
- “Appreciate the help.”

During the home visits the UCO reviewed the agency’s documentation in relation to two service users and no issues were noted.

The agency’s recording policy and associated procedures on ‘Record keeping and reporting’ had been revised in 2014. The agency maintained recording templates in each service user’s home file on which care workers recorded their visits. The inspector reviewed three completed records returned from service user’s homes, which confirmed appropriate procedures in place.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager or principal homecare consultant if any changes to service users’ needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by their manager and principal homecare consultant on an unannounced basis to ensure effective service delivery.

The registered manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with five staff during the inspection supported review of this topic as necessary. Minutes of staff meetings reviewed during inspection evidenced discussions with staff on the area of recording and reporting.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The agency care plan and risk assessments completed by staff during their initial service visits contained evidence that service users and/or representative’s views had been obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out quality reviews with service users bi-annually in line with the agency procedure through face to face meetings and phone contact. Annual questionnaires were issued to service users to obtain feedback on services provided and evidenced at inspection in terms of those received by the agency. Service user files reviewed during inspection contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans. The agency also maintains a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency had completed their annual quality review report for 2016, with a summary report of findings and improvements planned. The report did not incorporate staff and commissioner feedback and this has been recommended. The registered manager confirmed the summary report would be provided to all service users upon completion of the report. The inspector also recommended that feedback from the annual quality review process to be shared with staff post completion.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

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

Areas for improvement

One area for improvement was identified during the inspection and relates to involvement of all stakeholders in the annual quality review process and sharing the outcomes with all groups.

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

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. However concerns regarding the standard of care being provided by one carer were raised with the UCO and were being addressed by the registered manager post inspection. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires on a regular basis to ensure satisfaction with the care that has been provided by Jark Healthcare. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't fault them."
- "Like part of the family."
- "The days and times of sits are flexible around the family."

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users' homes on a regular unannounced basis. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits and this was confirmed during discussions with the registered manager and principal homecare consultant.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

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

The agency implement service user quality monitoring practices on a bi-annual basis through home visits and phone contacts. Records reviewed during inspection support quality monitoring in compliance with the agency timeframes. Quality monitoring from service user visits alongside monthly registered person contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Thank you very much for all your devoted care and attention to our mother, your care was exceptional and staff gave their all’. (Thank you card).
- ‘Thank you so much for all your help over the past several weeks, don’t know what we would have done without you’. (Thank you card).
- ‘To all the wonderful carers, I would like to thank you for the wonderful care you gave to our dear XXX during his last days. It meant a lot to us as a family to have support and the care provided was excellent’. (Thank you card).

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?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person Mrs Searlain McCormack and Registered Manager, Mrs Clare Maire Parks the agency provide domiciliary care to 203 people living in their own homes.

Discussion with the registered manager, principal homecare consultant and staff evidenced that there was a clear organisational structure within the agency. Staff where able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered manager. A number of policies required revision regarding content, procedures and timeframes which have been outlined within other sections of the report. The ‘Management, control and monitoring of the agency’ policy is recommended for review. Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with a range of complaints recorded. Review of two complaint records which occurred since the previous inspection supported appropriate review and resolution. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One reportable incident had occurred since the previous inspection and reported to RQIA within the appropriate timeframes.

The inspector reviewed the monthly monitoring reports for January to March 2016. These reports evidenced that the registered person had been monitoring the quality of service provided in accordance with minimum standards.

The five care workers interviewed indicated that they felt supported by senior staff who were described as always at the end of the phone or available in the office for discussions. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in staff questionnaires returned to RQIA.

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

Areas for improvement

One area for improvement was identified during the inspection regarding revision of the policy 'Management, control and monitoring of the agency'.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Clare Marie Parks registered manager and the principal homecare consultant as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office (non- paperlite) and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 16(5)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that –</p> <p>(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;</p> <p>(ii) a member of staff who is suitably qualified and experienced, is appointed to supervise the new worker;</p> <p>(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.</p> <hr/> <p>Response by registered person detailing the actions taken: All new workers shadow service users with a senior member of staff. senior staff assess new worker competencies by filling out a shadowing form, if the new worker requires further training the senior staff member to advised the branch coordinator so this can be arranged. Branch coordinator to gain consent from service users before new workers are placed. This is now added to Jark Shadowing form.</p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>REGULATION AND QUALITY</p> <p style="color: red; font-weight: bold;">25 AUG 2015</p> <p>IMPROVEMENT AUTHORITY</p> </div>	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 12.9</p> <p>Stated: Second time</p> <p>To be completed by: 07 October 2016</p>	<p>The effect of training on practice and procedure is evaluated as part of quality improvement (to include the registered manager training competence).</p> <hr/> <p>Response by registered person detailing the actions taken: The responsible person has evaluated the branch managers training competencies from level 5 QCF and all mandatory training. The responsible person will then decide if there is any further training required. All Jark training is evaluated at the end of each course with the trainer.</p>

<p>Recommendation 2</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be completed by: 07 October 2016</p>	<p>Policies and procedures as identified in appendix 1 are in place and in accordance with statutory requirements.</p> <p>(regarding mandatory training details within the agency 'Training and development' policy and revision of the 'Management, control and monitoring of the agency' policy)</p> <hr/> <p>Response by registered person detailing the actions taken: Both polices updated with appropriate information</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.9</p> <p>Stated: Second time</p> <p>To be completed by: 07 October 2016</p>	<p>Mandatory training requirements are met.</p> <p>(regarding induction and update training in the areas of challenging behaviour and service users monies)</p> <hr/> <p>Response by registered person detailing the actions taken: Handling service user monies is part of the Jark induction all new workers receives the Handling of Service Users Money policy and this is also part of the Jark handbook. Jark have purchased Challenging behaviour DVD from Mulberry House Training and now part of the Jark Induction and updated annually.</p>

<p>Recommendation 4</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 07 October 2016</p>	<p>The policy and procedures detail the arrangements for and frequency of supervision and appraisal.</p> <p>(regarding timeframes and procedures for supervision)</p> <hr/> <p>Response by registered person detailing the actions taken: Policy and procedure for supervision and appraisal updated with timeframes for Appraisal, supervision, spot check and member assessment all to be completed on an annual basis</p>
<p>Recommendation 5</p> <p>Ref: Standard 8. 12</p> <p>Stated: Second time</p> <p>To be completed by: 07 October 2016</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken/ Key stakeholders are involved in the process.</p> <p>(regarding staff and commissioner involvement)</p> <hr/> <p>Response by registered person detailing the actions taken: Going forward jark will be evaluating the service provided by carrying out the annual survey to service users local hsc trust and staff members</p>



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews