



The Regulation and  
Quality Improvement  
Authority

# Short Notice Announced Domiciliary Care Agency Inspection Report 15 November 2016



## A\* Homecare

**Address: Unit T2, Dungannon Enterprise Centre, 2 Coalisland Road,  
Dungannon, BT71 6JT**

**Tel no: 02887746361 and 02887723808**

**Inspector: Amanda Jackson**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

A short notice announced inspection of A\* Domiciliary Care took place on 15 November 2016 from 09.15 hours to 15.00 hours

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the agency was not found to be delivering safe care in all areas. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. Records reviewed during inspection identified gaps in three staff records in relation to employer reference information, gaps in employment, a statement by the registered person or manager regarding staff fitness to practice and staff immunisation status. 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. No matters had arisen in relation to safeguarding. Staff quality monitoring practices evidenced during inspection have been recommended for review to ensure robust processes are in place in respect of up to date care plan information and staff practice in respect service user confidentiality.

Three areas for quality improvement were identified.

A requirement has been made in relation to Regulation 13 and Schedule 3 regarding employer references, gaps in employment, a statement by the registered person or manager regarding staff fitness to practice and staff immunisation status. A requirement has been restated regarding review of the child protection policy and a recommendation has been made in respect of staff quality monitoring in accordance with standard 8.10.

### 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 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.

One area for quality improvement has been identified and relates to inclusion of all stakeholders in the annual quality review process.

### 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.

## Is the service well led?

On the day of the inspection the agency was not found to be consistently well led. The management review of staff recruitment practices was not found to be consistent in respect of employer references, gaps in employment, staff immunisation status and a statement by the registered person or manager regarding staff fitness to practice and a requirement has been made under the 'Is care safe' domain. The area of staff quality monitoring was found to be compliant with the agency procedures.

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.

Two areas for quality improvement were identified regarding review of the quality assurance policy and procedure in accordance with Standard 9 and Appendix 1 and revision of the monthly monitoring process in accordance with Regulation 23(2)(3).

Two further areas for quality improvement were identified as detailed under the domain 'Is care safe', regarding recruitment and quality monitoring practices.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Jacqueline Ryan, Registered person and registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 01 March 2011.

## 2.0 Service details

<b>Registered organisation/Registered person:</b> A* Domiciliary Care /Mrs Jacqueline Ryan	<b>Registered manager:</b> Mrs Jacqueline Ryan
<b>Person in charge of the service at the time of inspection:</b> Mrs Jacqueline Ryan	<b>Date manager registered:</b> 08 September 2011

## 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 person
- Consultation with one care worker
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with one service user and four relatives, either in their own home or by telephone, on 28 and 31 October 2016 to obtain their views of the service. The service users interviewed informed the UCO that they receive either a sitting service or assistance with personal care.

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

On the day of inspection the inspector met with one 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 person was provided with five questionnaires to distribute to the current five staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. One staff questionnaire was 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 and appraisal policy and procedure
- Two long term staff members quality monitoring and supervision records
- Three staff duty rotas
- Staff handbook
- Vulnerable adults policy and procedure
- Child protection policy and procedure
- Three vulnerable adult records
- Whistleblowing policy and procedure
- Three new service user records regarding referral, assessment, care planning and review
- Records and information policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- Three service users home recording records
- Quality assurance policy and procedure
- Four monthly monitoring reports completed by the registered person
- One staff meeting minute
- Three communications to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Policy on reporting adverse incidents and untoward incidents.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 01 March 2011

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 pre-registration inspection dated 1 March 2011

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref: Regulation 6</b> <b>Stated: First time</b>	The registered person must ensure that the service user record is expanded to include the signature of the service user or their representative to confirm receipt of the service user's guide.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three service user records confirmed compliance with Regulation 6 and requirement 1.</p>	
<p><b>Requirement 2</b></p> <p>Ref: Regulation 13 Schedule 3</p> <p>Stated: First time</p>	<p>The registered person must ensure that the Recruitment and Selection policy is amended to refer to Access NI enhanced disclosure checks not police/POCVA checks.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the recruitment policy confirmed compliance with Regulation 13, Schedule 3 and requirement 2.]</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 15.2, 15.3</p> <p>Stated: First time</p>	<p>The registered person must ensure that the service user's plan is expanded to include a record of referral information received and action taken in response.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three service user records confirmed compliance with Regulation 15.2, 15.3 and requirement 3.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 15.6.a</p> <p>Stated: First time</p>	<p>The registered person must ensure that the vulnerable adult policy and procedure is expanded to include a referral process to the independent Safeguarding Authority (ISA) and the Northern Ireland Social Care Council.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the safeguarding policy confirmed compliance with Regulation 15.6.a, and requirement 4.</p>	<p><b>Met</b></p>

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 15.6.a</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that the management of abuse policy is expanded to include safeguarding children and procedure to be followed should abuse of children be suspected.</p>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the child protection policy confirmed partial compliance with Regulation 15.6.a, and requirement 5. The policy requires further updating to include the referral arrangements and contact details for relevant authorities.</p>		
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 16.5.a</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that the induction programme is expanded to include training in managing service user's money and medication awareness. Vulnerable adults training should be expanded to include awareness children procedure.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three staff induction training records confirmed compliance with Regulation 16.5.a and requirement 6.</p>		
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 16.5.b.iv</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that induction records include documentation of direct observation of practice.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three staff induction records confirmed compliance with Regulation 16.5.b.iv and requirement 7.</p>		
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 17.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that the induction checklist is expanded to include the care workers signature to confirm receipt Staff handbook.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three staff recruitment records confirmed staff receipt of handbook.</p>		

<b>Requirement 9</b>  <b>Ref: Regulation 15 (7)</b>  <b>Stated: First time</b>	The medicines management policy and procedures must be expanded to cover the area specified in paragraph 1 of the pharmacy report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of a second medication policy titled 'Administration of medications to a service user' confirmed compliance with Regulations 15(7) and requirement 9.	

<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b>  <b>Ref: Standard 4</b>  <b>Stated: First time</b>	It is recommended that the Service Users Agreement is expanded to include the signature of the service user or their representative signature to confirm consultation and agreement with the care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of three service user records confirmed compliance with Standard 4 and recommendation 1.	
<b>Recommendation 2</b>  <b>Ref: Standard 8 Appendix 1</b>  <b>Stated: First time</b>	It is recommended that the agency's policy manual is expanded to include all of the policies listed in Appendix 1.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of a range of policies and procedure during inspection confirmed compliance with Standard 8 Appendix 1 and recommendation 2.	

#### 4.3 Is care safe?

The agency currently provides services to 12 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 reviewed relating to recently appointed staff. The registered person verified all the pre-employment information and documents had been obtained as required however review of three staff files highlighted gaps in compliance with Regulation 13 and Schedule 3 regarding employer reference information, gaps in employment, staff immunisation status and a statement by the registered person or manager regarding staff fitness to practice. A requirement has been



made. An induction programme had been completed with each staff member. This process does not incorporate the Northern Ireland Social Care Council (NISCC) induction standards as staff are not currently registered with NISCC. The registered person confirmed all staff will be registered in line with NISCC timeframes in 2017 and induction will be updated accordingly. One care staff interviewed during the inspection day had commenced employment within the previous year. This staff member 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 the agency. New carers had been introduced to the service user by the supervisor; 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 given included working with people with autism and dementia. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "It's the best service we've had yet."
- "Flexible to suit the needs of the family."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with 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 agency's whistleblowing policy and procedure was found to be satisfactory. Review of the child protection policy took place during inspection as the service provides care to children. The policy requires review in respect of referral procedures to other authorities such as the Independent safeguarding authority (ISA), the Northern Ireland Social Care Council (NISCC) and RQIA; a requirement has been restated under the follow up section of this report.

Staff training records viewed for 2016 confirmed all care staff had completed the required induction training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs. Training is facilitated by the agency registered person with additional training sourced externally as required. Discussion during inspection with one care staff confirmed satisfaction with the quality of training offered.

Records reviewed for two staff members evidenced induction training, quality monitoring and supervision as compliant with agency policy timeframes. Staff appraisal has not taken place as the agency has only been operational since March 2016. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

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

Safeguarding was discussed during inspection; the registered person confirmed no matters have arisen since the agency became operational.

The care staff member 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 ongoing review of services with service users/representatives. The registered person confirmed that the agency implements an ongoing quality monitoring process and this was evident during review of three service users' records. The inspector did however discuss the robustness of this monitoring in identifying out of date care plans as highlighted by the UCO and service user feedback during UCO visits in respect of staff confidentiality; a recommendation has been made in this regard. The registered manager confirmed that trust reviews take place periodically. Ongoing 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

Three areas for improvement were identified during the inspection. The registered person is required to ensure staff recruitment procedures are compliant with Regulation 13 and Schedule 3 in respect of employer references, gaps in employment, a statement by the registered person or manager regarding staff fitness to practice and staff immunisation status. Review of the child protection policy and procedure has been required regarding referral arrangements to other authorities and staff quality monitoring is recommended for review in accordance with standard 8.10.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>1</b>
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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 the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency and that they were introduced to new carers by the supervisor.

No issues regarding communication between the service users, relatives and staff from the agency were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place on a regular basis to ensure satisfaction with the service.

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

- "Happy with the service."
- "It gives me peace of mind that they get on so well."

As part of the home visits, the UCO reviewed the agency's documentation in relation to three service users and it was noted that two care plans require to be updated. All matters were discussed with the registered person during inspection and assurances provided that both matters would be reviewed.

The agency's recording policy and associated procedures on 'Records and information' had been revised in 2015 and 2016. The agency maintained recording templates in each service user's home file on which care staff recorded their visits. The inspector reviewed three completed records returned from service users' homes, which confirmed compliance.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager, area manager or team leader if any changes to service users' needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by the area manager or team leader to ensure effective service delivery.

The registered person confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with one care staff during the inspection supported review of this topic as necessary and this was confirmed upon review of one staff meeting agenda and minutes. The inspector recommended that staff who are unable to attend the meeting are furnished with the meeting minutes to ensure shared learning, the registered person provided assurances this recommendation would be implemented.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments by professionals as necessary. 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 ongoing reviews with service users regarding their care needs and this was confirmed during inspection within three files reviewed. Feedback from the UCO also confirmed ongoing quality monitoring of the service. Questionnaires are issued to service users on an annual basis to provide feedback in respect of the service. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other trust professionals and evidence of this process was reviewed during inspection.

The agency is currently completing their annual quality report for 2016. Review of the 2015 report did not evidence feedback from staff and commissioners. The matter was brought to the registered persons attention during the inspection and a recommendation has been made. The registered person confirmed a summary of findings and improvements planned from the 2016 report will be provided to service users over the coming weeks and also confirmed the report will be shared with the staff team at the next staff meeting.

The staff member interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. The staff member 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.

One staff questionnaire 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 has been identified during the inspection in relation to the annual quality review process and inclusion of all stakeholders.

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

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. Service users, as far as possible, are given their choice in regards to personal care.

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

- "The carer's a lovely girl. My XXX gets on well with her."
- "My XXX looks forward to the sits. Have a great relationship."

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users' homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

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.

The staff questionnaire received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. The questionnaire 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 an ongoing basis through home visits by the area managers and team leaders. Records reviewed during inspection support ongoing review of service user's needs with evidence of revised care and support plans. Quality monitoring from service user visits alongside monthly quality reports evidenced positive feedback from service users and their family members. One compliment reviewed during inspection provided the following information in support of compassionate care:

- 'The service is going very well' (Service user feedback during monthly phone contact).

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person (who is also the registered manager) Mrs Jacqueline Ryan the agency provides domiciliary care to 12 people living in their own homes.

Discussion with the registered person and staff evidenced that there was a clear organisational structure within the agency. Staff were 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 person. 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. Review of the quality assurance policy and procedure is recommended to ensure all processes for quality assuring the service are detailed in accordance with standard 9 and appendix 1; a recommendation has been made.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. 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 no complaints arising. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered person supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No reportable incidents were stated by the registered person to have occurred since the previous inspection.

The inspector reviewed the monthly monitoring report for November 2016. Recent revision of the report supports a more detailed process and evidenced that the registered person had commenced monitoring the quality of service provided in accordance with minimum standards. The inspector highlighted the need to ensure the report content is legible for inspection review and that each report clearly references the service users, relatives, staff and commissioners contacted during the monitoring process. The inspector has requested submission of the monthly monitoring reports to RQIA for the coming months to ensure a robust process is maintained in compliance with Regulation 23(2)(3).

The one care staff interviewed indicated that they felt supported by the registered manager, area managers and team leaders who are available to discuss matters both in person or via

telephone. Staff discussed quality monitoring, supervision, team meetings and training processes as supportive and informative in providing quality care to service users.

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

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

### Areas for improvement

Two areas for improvement were identified during the inspection; the review of the current quality assurance policy in accordance with Standard 9 and Appendix 1 and revision of the monthly monitoring process in accordance with Regulation 23(2)(3).

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jacqueline Ryan, Registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office (non- paperlite) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

18 JAN 2017

IMPROVEMENT AUTHORITY

## Quality Improvement Plan

## Statutory requirements

**Requirement 1**

Ref: Regulation 15.6(a)

Stated: Second time

To be completed by:  
15 December 2016

The registered person must ensure that the child protection policy is expanded to include safeguarding children and procedure to be followed should abuse of children be suspected.

**Response by registered provider detailing the actions taken:**

The Registered person has expanded the Child Protection Policy to include safeguarding children and the procedure to follow should abuse of children be suspected.

**Requirement 2**

Ref: Regulation 13 and Schedule 3

Stated: First time

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

The registered provider shall ensure that no domiciliary care worker is supplied by the agency unless –  
(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

(Regarding employer references, gaps in employment, a statement by the registered person or manager regarding staff fitness to practice and staff immunisation status)

**Response by registered provider detailing the actions taken:**

The Registered Provider has ensured from the date of inspection that no domiciliary care worker is supplied unless Regulation 13 and Schedule 3 are in place.



<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 23(2)(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 December 2016</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> <ul style="list-style-type: none"> <li>(a) arranges the provision of good quality services for service users;</li> <li>(b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> <li>(i) what services to offer them, and</li> <li>(ii) the manner in which such services are to be provided; and</li> </ul> </li> <li>(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.</li> </ul> <p>(3) The report referred to in paragraph(2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The Registered person will ensure that a written report shall be supplied to the Regulation and quality Improvement Authority within one month as requested.</p>

Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>(Regarding staff quality monitoring)</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Practices are systematically audited to ensure that they are consistent with the agency's Policies and Procedures and action taken where necessary.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2016</p>	<p>Policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>(Regarding the Management, control and monitoring of the agency policy)</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Policies and Procedures as identified in Appendix 1 are in place and in accordance with statutory requirements. regarding the Management, control and monitoring of the agency policy.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 15 January 2017</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 this process.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The quality of services provided are evaluated on an annual basis and Follow up action taken. key stakeholders are involved in this process.</p>