

Unannounced Care Inspection Report 29 November 2019



Enable Care Services (UK) Limited

Type of Service: Domiciliary Care Agency
Address: 54 Moore Street, Aughnacloy, BT69 6AY
Tel No: 02885557745
Inspector: Corrie Visser

www.rqia.org.uk

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

Enable Care Services (UK) Limited is a domiciliary care agency which provides a range of personal and social care services, meal provision and sitting services to people living in their own homes. Service users have a range of diagnoses including dementia, mental health conditions and learning and physical disabilities. Enable care provides care to 586 service users, commissioned by the Southern Health and Social Care Trust including Craigavon, Newry and Mourne areas by approximately 248 carers.

3.0 Service details

Organisation/Registered Provider: Enable Care Services (UK) Limited	Registered Manager: Mrs Edel Mary Beatty
Responsible Individual(s): Mrs Christine Margaret McGirr	
Person in charge at the time of inspection: Mrs Edel Mary Beatty	Date manager registered: 13 November 2019

4.0 Inspection summary

An unannounced inspection took place on 29 November 2019 from 10.00 to 17.30 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since 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 policies and procedures, induction records, monthly quality monitoring reports and liaison with service users including monthly telephone consultations.

Areas requiring improvement were identified as recruitment of staff, training and development, supervision records, record keeping, care plans not being signed by the service users or their relatives and a number of early calls to service users.

Service users said:

- "**** is fantastic and I couldn't fault her."
- "Never had a complaint about the service."
- "Very good service."
- "Very helpful."

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	7

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Edel Mary Beatty, registered manager, Mr Sean McGirr, Director and The Quality and Compliance 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.

4.2 Action/enforcement taken following the most recent care inspection dated 11 December 2018

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 December 2018.

5.0 How we inspect

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

- previous inspection reports and most recent QIP dated 11 December 2018.
- record of notifiable events submitted to RQIA since the previous inspection
- all correspondence received by RQIA since the previous inspection

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

- Discussion with the manager, director of the agency and the quality and compliance manager.
- Examination of records.
- Evaluation and feedback.

The following records were examined during the inspection:

- Registration certificate.
- Policies and procedures.
- Records confirming registration of staff with the Northern Ireland Social Care Council (NISCC).
- Accident/incident records and adult safeguarding records.

- Six service user records regarding review, assessment, care planning and quality monitoring.
- Complaints records.
- Monthly quality monitoring reports.
- Adult safeguarding position paper.
- Six staff recruitment records.
- Six service users daily logs.
- Telephone monitoring reports.

Following the inspection the inspector consulted with three service users, three staff, five professionals and four service users' relatives.

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 11 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23 (1)(2)(3)(4)(5) Stated: Second time	(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. (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	Met

	<p>describes the extent to which, in the reasonable opinion of the registered person, the agency—(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This specifically relates to an agreement that the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p> <p>Action taken as confirmed during the inspection:</p> <p>Enable Care submitted their quality monitoring reports to RQIA from 11 December 2018 to 15 July 2019 and these were assessed as compliant. There were no issues during inspection in relation to these reports. They were up to date and contained appropriate detail relating to service quality.</p>	
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Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	Validation of compliance	
<p>Area for improvement 1</p> <p>Ref: Standard 10.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that information held on record is accurate, up to date and necessary.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> • all required signatures within records of induction. • all required signatures are recorded on service users' care plans, (where the service user is unable or chooses not to sign this is recorded), • full date is recorded on care plans and risk assessments evidencing when they were completed, reviewed and by whom, • ensuring care plans are amended to reflect changes in commissioned services and the assessed needs of service users. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection:</p> <p>It was noted during inspection that the agency had met some of these areas however the care plans were not signed by the service users or their relatives. This area will be re-stated for the second time.</p>	<p>Partially met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p>	<p>The agency participates in review meetings organised by the referring HSC Trust responsible for the service user's care plan. This relates to the minutes of all such reviews being sought from relevant HSCT bodies and retained by the agency.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.5</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence of the agency attending meetings with the Trust in relation to the service users and minutes had been taken and retained by the agency which were viewed during the inspection.</p>	
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6.2 Inspection findings

6.3 Is care safe?

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

At the time of inspection, the agency had one registered manager, a regional manager, four directors and a range of managers in the areas of quality and compliance and staff and service user monitoring and a team of 248 carers. The agency's staffing arrangements were discussed and the manager advised that she felt that there was sufficient staff employed to meet the current level of service provision. The inspector was advised by all of the service users and relatives spoken with that they had no concerns regarding the safety of care being provided by Enable Care Services. The staff spoken with by the inspector did not raise any concerns in relation to staffing levels or the safety of the care being provided.

- "The girls are very helpful."
- "Everything is fine."
- "Very good service."
- "Never had a complaint about anything."

The area of staff recruitment was discussed with the manager and a director of the agency during the previous inspection on 11 December 2018 and was noted in the report. The inspector was advised that the agency has systems in place to ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in respect of each of the matters specified in Regulation 13 (d) Schedule 3. Six recruitment records were sampled during the recent inspection and it was noted that application forms did not contain sufficient information in relation to employment history. The inspector noted gaps in two application forms in terms of employment history. There were also gaps in relation to supporting information for one employee and the inspector also noted that one reference was approached for one employee rather than the required two. This is in breach of Regulation 13 (d) Schedule 3 and has been identified as an area for improvement.

During inspection, six service users' files were viewed. It was noted that there were difficulties in the area of moving and handling which required spot checks to be undertaken by the commissioning trust's monitoring officer. Advice was given to the carers and follow up spot checks were undertaken by the agency in relation to this matter. It was noted through viewing the induction records that moving and handling is covered in the induction and both carers had

completed this training successfully. Despite this follow up monitoring was completed to ensure competence for the future.

The agency provides their employees with a three day induction as well as a period of shadowing with experienced staff on runs before they are permitted to provide care to service users on their own. Induction for new staff includes:

- safe manual handling
- safeguarding adults at risk
- equality and diversity
- health and safety/fire safety
- infection control
- food hygiene
- dementia
- falls procedure
- challenging behaviour
- safe administering of medication
- recording and reporting
- service user needs

Training for all staff is carried out annually.

The inspector viewed a training matrix during the inspection, however it came to the inspector's attention that this matrix was out of date and was not regularly being updated. There appeared to be a number of staff who were behind in their annual training however during discussion with the manager, it was noted that these staff had since left the agency. This was discussed with the manager and advice was given that the matrix needed updated regularly with new and old staff being amended. This has been noted as an area for improvement.

From the staff files reviewed, it was unclear to the inspector the supervision dates for staff. The manager advised that staff supervision is undertaken remotely in a venue which is convenient for the carers. The inspector noted four supervision dates in the staff files which were reviewed however there did not appear to be a matrix in place for supervisions and appraisals of staff. This has been identified as an area for improvement.

Comments from discussions with staff included:

- "It's a great company to work for."
- "Plenty of time between calls."
- "I have a good relationship with all my clients."
- "Brilliant induction."
- "I can request extra days shadowing if I do not feel confident."
- "There is enough time during and between calls."

The inspector identified that the agency has a system in place to ensure that all staff are registered with the Northern Ireland Social Care Council (NISCC) and to identify when staff are due to renew their registrations.

Discussion with the manager and review of records confirmed that any safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a director of the agency holds this responsibility and the Compliance and Quality Manager is the Deputy Safeguarding Champion. Both ensure that the agency's safeguarding activity is in accordance with the regional policy and procedures. The manager was advised that the Safeguarding Position Report will be inspected from April 2020. It was clear from speaking with staff that they were aware of who the Adult Safeguarding Champion was in the service.

A review of the records identified that accidents and incidents were managed in accordance with local protocols.

The inspector observed the records management arrangements within the agency, in respect of archived records and concluded that the current arrangements were appropriate to ensure that data protection measures were being maintained.

Areas of good practice

There were examples of good practice in relation to safeguarding, monitoring and reviewing NISCC registration and managing accident and incidents which were reported through to the commissioning HSC Trusts in a timely way.

Areas for improvement

The areas for improvement include recruitment of staff, supervision of staff and training and development.

	Regulations	Standards
Total number of areas for improvement	1	4

6.4 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide which is contained in the service users' files as well as in the Staff Handbook. Service User Agreements had been provided to service users within the required timescale.

Six service users care records were viewed during the inspection. The previous QIP stated that under Standard 10.4 of The Domiciliary Care Agencies Minimum Standards, 2011 all required signatures are recorded on service users' care plans, (where the service user is unable or chooses not to sign this is recorded). The manager had reported that this was ongoing and the care plans had been signed by service users. It was noted during review, that the care plans had not been signed by services users or their next of kin and there was no record of the service user declining to sign the care plan. This was discussed with the manager and it was advised that a system will be put in place to ensure the service user is offered the opportunity to sign the record. This area for improvement has been re-stated for the second time.

It was noted that the risk assessments were completed, signed by the agency and regularly reviewed and updated. These were completed in conjunction with the Trust and there was evidence of reviews of care plans which were minuted in the files retained by the agency.

From observing the daily logs and care plans it was noted that a number of calls to service users were late or missed. This was discussed with the manager however no explanation was provided for this and an area for improvement was issued.

There was evidence of poor record keeping in the service users' daily logs. It was noted that dates and times of calls were not entered on the logs and there were two entries for the same day albeit it one call on the care plan. There was also a date written citing 2017 in a recent care log. These issues were discussed with the manager who advised that these will be raised with staff during supervision and team meetings. There were also two entries written in pencil. The manager was advised that these are legal documents and recording keeping requires improvement. This has been identified as an area for improvement.

Following the inspection, a number of service users and their relatives were contacted in relation to the care being provided by the agency. There were no concerns identified regarding missed calls and it was reported that if the carers are held up with another call, the service user is contacted by telephone advising of same however this did not appear to be consistent practice.

Some comments from service users and their relatives include:

- "The girls who know my parents are fantastic."
- "Not consistent with carers and no call to advise of new carers."
- "Sometimes calls vary in time."
- "The girls arrive in good time."
- "Very helpful."
- "Very nice girls. They chat to my father and see how he is."

The agency undertakes their own mandatory reviews with service users and their relatives to assess the care being provided. Service users are aware that they can have regular reviews if required. Telephone consultations are undertaken with a rotational sample of service users and their carers on a monthly to six weekly basis. Some of the comments received include:

- "Timing issues were varying too much and no routine so couldn't make appointments but all seems to be falling into place again now. Hopefully continues."
- "No complaints, girls are good to mummy."
- "All is absolutely perfect, no issues."
- "Care has been very good, no problems all has settled down, happy at present."
- "They are great people, do a great job. Very helpful. Enjoy them coming in."
- "The girls are overworked and need some help but they're great to me and I'm happy."

As part of the inspection, representatives from the commissioning Trusts were contacted for feedback. This included a Social Worker and Social Care Assistants from Older People's Services and the Physical Disability Team. Feedback included:

- "They go an extra wee bit with service users."
- "Very accommodating." (This was in relation to call times needing changed).

- “Communication has improved.”
- “They are very responsive.”
- “Too many emails from them.”
- “The supervisors are very responsive and excellent.”
- “Everything is addressed and dealt with appropriately.”
- “My families are happy with the care workers.”
- “Good communication from the carers.”
- “We have had no missed calls, no contract compliances and the supervisors communicate excellently with us regarding any queries or concerns be that by email or telephone.”
- “We feel our service users’ needs are being met.”

The area of communication has been discussed with the manager as it was felt that due to the amount of emails being received by the Trust, there was a concern that something could be missed.

Areas of good practice

Areas of good practice included the Statement of Purpose and Service Users Guide being made available to staff and service users and the service users and their relatives were generally content with the care being provided by Enable Care.

Areas for improvement

Areas for improvement were noted that care plans were not signed by service users or their next of kin, early or late calls and poor record keeping.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency undertakes checks with service users and relatives through phone calls and reviews to ensure good practice. This practice is undertaken on a monthly to six weekly basis. Comments from these reviews include:

- “Great improvements, no issues. All’s going well.”
- “2 x new starts shouldn’t be on a run together, 1 older member of staff and a new start to help train them where things are in a house and a houses routine.”
- “All is going great, girls can’t do enough.”
- “Every face he has seen has given him great support and friendly mannerism.”
- “Staff are excellent, punctual, attentive, family has no problems.”
- “Very attentive and caring. Can’t praise enough.”

No issues were raised during discussions between the inspector and service users and their relatives in relation to compassionate care. It was reported that the carers were respectful and got to know the service users well.

There was evidence of the carers promoting the human rights of the service users by treating them with respect and dignity and enabling them to have a choice.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of the equality legislation whilst recognising and responding to the diverse needs of the service users. It was discussed that these areas are covered through the induction process. No complaints had been received in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users by undertaking telephone reviews.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

As per the previous QIP and breach of Regulation 23(1)(2)(3)(4)(5) the provider was required to submit their monthly monitoring reports until further notice. The provider undertook this and compliance was reached and they have continued to produce these reports on a monthly basis. The reports had an action plan following up the QIP which was identified on 11 December 2018. They also included feedback from service users, relatives, the commissioning trusts and carers. Mr McGirr advised the inspector that the provider have employed three compliance officers who recently commenced their post and their role is to regularly monitor and review the care being provided to the service users as well as recording and governance and identify any deficits that may occur. It was discussed that the provider can ensure that the deficits can be acted upon and an action plan devised to ensure compliance.

All of the service users and relatives spoken with confirmed they were aware of whom they should contact if they have any concerns regarding the service. There was a process in place to ensure that complaints were managed in line with the legislation and minimum standards. The inspector was provided with evidence whereby complaints were submitted to the commissioning HSC Trusts and was satisfied that they had been managed appropriately.

The agency has a range of policies and procedures in place that were reviewed in line with the minimum standards. Staff are aware of these policies and procedures as per their induction process.

The registration certificate was up to date and displayed appropriately.

Areas of good practice

There was evidence of good practice in relation to the monthly monitoring reports and details held within these, management of complaints and incidents and up to date policies and procedures.

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 Mrs Edel Mary Beatty, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (b)(c)(d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: immediately from date of inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless –</p> <p>(b) he has the experience and skills necessary for the work that he is to perform;</p> <p>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager now works in conjunction with the recruitment officer to confirm all requirements are met. When this has been achieved, the registered manager then confirms this in writing to the area supervisor, who then organises shadowing alongside an experienced carer.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: immediately from date of inspection</p>	<p>The registered person shall ensure mandatory training requirements are met.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The training manager now updates the training matrix on a weekly basis, which will be signed off on by the registered manager by close of business on Fridays.</p> <p>All mandatory training takes place over the 3 day induction and is updated on an annual basis. We also take huge pride in encouraging the signposting of carers, support staff and management for specialised training to increase their knowledge and experience.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: immediately from date of inspection</p>	<p>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 staff. This record includes:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training event • the date(s) of the training • the name and qualification of the trainer or the training agency • content of the training programme

	<p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This is already protocol for Enable Care Services and. With regard to the content of the training programme, the induction and update training content stays the same and changes when guidance is received from the Trust, NISCC or RQIA. When a carer or other staff member requires extra or specialised training, this is then tailored to the aim they wish to achieve. If our training manager feels that even more specialised training is required she will signpost to the relevant training course, example Epilepsy, Parkinsons, Dysphagia etc. The company have also invested heavily in the management staff by funding Level 5 courses. We also work in conjunction with Rutledge in running Level 3 courses on site. We are currently working on a new staff pack which contains a spreadsheet on which their CPD will be added. This will then be added to their staff file.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.8</p> <p>Stated: First time</p> <p>To be completed by: immediately from date of inspection</p>	<p>The registered person shall ensure there is a written and training development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the agency.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The training manager and the registered manager are working together to achieve this. This will be updated annually, however should the needs of an individual staff member or the company overall change, the development plan will allow for this.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: immediately from date of inspection</p>	<p>The registered person shall ensure that staff is supervised and their performance appraised to promote the delivery of quality care and services.</p> <p>This relates to the agency devising a matrix of supervision dates for all staff including future dates.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Since the inspection, a supervision matrix has been devised. This is now updated on a weekly basis and this allows for a more proactive approach to the organisation of supervisions and annual appraisals.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 10.4</p> <p>Stated: second time</p>	<p>The registered person shall ensure that information held on record is accurate, up to date and necessary.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> all required signatures are recorded on service users' care plans,

<p>To be completed by: immediately from date of inspection</p>	<p>(where the service user is unable or chooses not to sign this is recorded),</p> <p>Ref: 6.4</p>
<p>Area for improvement 6</p> <p>Ref: Standard 8.1</p> <p>Stated: First time</p> <p>To be completed by: immediately from date of inspection</p>	<p>Response by registered person detailing the actions taken: This is now being implemented by the Senior Compliance Managers. Service users will be asked to sign twice, with one kept in the care plan in the home and the other kept in their file in the office. If there are any changes to the service users careplan, this is noted and signed by the service user.</p> <p>The registered person shall ensure there is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.</p> <p>This relates to early/late calls. The agency is required to have a system in place which records when service users request the time of their call to be changed or if the carer undertakes the care outside of the identified time.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: When service users request a change to the time of their call, we notify the social worker for approval.</p> <p>If the carer undertakes care outside of the identified time, they must inform the office so that the family and the social worker can be notified. If this information is not passed to the office to act on, this will lead to disciplinary action.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 10.5</p> <p>Stated: First time</p> <p>To be completed by: immediately from date of inspection</p>	<p>The registered person shall ensure staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This is in relation to all entries being recorded under the correct date and a time for starting and finishing a call are specified. It also relates to entries being written in pen rather than pencil.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We have spent a lot of time and resources ensuring that all staff are very well trained in record keeping. We conducted an internal inspection after the RQIA inspection and found a number of breeches with regard to our policies. All staff have now received an updated memo with examples of how records must be filled. Anyone found to be in breach of this will face disciplinary action.</p>

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



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