

Unannounced Care Inspection Report 3 and 4 August 2020



Potens Domiciliary Care Agency

Type of Service: Domiciliary Care Agency

Address: 8a Creamery Road, Main Street, Derrygonnelly, BT93 7FZ

Tel No: 028 6864 1857

Inspectors: Kieran Murray

Angela Graham

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Potens Domiciliary Care Agency provides care and support to service users who have a learning difficulty and who are living in their own homes or with their families in Derrygonnelly, Enniskillen and Derry/Londonderry localities. A team of 32 staff provide the care to nine service users living in two houses in Derrygonnelly and one service user in Derry/Londonderry, where staff members support service users 24 hours per day. In addition the agency provides an outreach service to 12 service users.

3.0 Service details

Organisation/Registered Provider: Potens Responsible Individual: Nicki Stadames	Registered Manager: Noreen Mitchell (Acting)
Person in charge at the time of inspection: 3 August 2020 –Service Manager and Service Coordinator 4 August 2020 – Service Coordinator	Date manager registered: No application required for acting management arrangements The service manager submitted a manager application to RQIA on 24 July 2020

4.0 Inspection summary

An unannounced care inspection took place on 3 August from 09.45 to 18.00 and 4 August from 09.00 to 20.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence received from the last inspection on 28 April 2020. Correspondence included two notifications. Following review of this information, the inspectors identified that the information received highlighted challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an on-site inspection to the agency.

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 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

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.

Significant concerns were identified during the inspection with regard to the management, leadership and governance arrangements within the agency, staff recruitment and the arrangements for the provision of prescribed services. As a result of the inspection, RQIA was concerned that aspects of the quality of service provided by Potens were below the minimum standard expected.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA notified the responsible individual of the intention to issue three notices of failure to comply with regulations. A meeting was held via teleconference due to the Covid-19 pandemic on 13 August 2020 to discuss these matters.

During the intention meeting the responsible individual from Potens and the agency's representatives acknowledged the failings and provided a full account of the actions and arrangements being taken to ensure the improvements being implemented to achieve full compliance with the required regulations. RQIA were not sufficiently assured that the necessary improvements to ensure full compliance with the regulations had been made as a number of areas required time to ensure that processes were fully embedded into practice.

As a result three Failure to Comply Notices (FTC Ref: FTC000107, FTC000108 and FTC000109) were issued under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. These related to the lack of oversight and governance by the responsible individual, fitness of domiciliary care workers supplied by the agency and arrangements for the provision of prescribed services.

Despite enforcement action being taken, areas of good practice in relation to the introduction of the NISCC induction standards for staff, the completion of staff supervision, the involvement of a behavioural specialist to formulate a behaviour support plan for a service user and easy read information available to service users were evidenced.

Service users described living in the supported living service mainly in positive terms.

Comments received from service user and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	*5

*The total number of areas for improvement includes one requirement and one standard which have been stated for a second time. Three regulations and four standards, which were not met have been subsumed into the failure to comply notices issued on 14 August 2020 and are discussed further in section 6.0 of this report.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the manager (acting), service manager and the service coordinator as part of the inspection process. The timescales for completion commence from the date of inspection.

Three failure to comply notices under Regulation 11 (1), Regulation 13 (d) and Regulation 15 (2) (a) were issued with the date of compliance to be achieved by 28 September 2020.

FTC Ref: FTC000107 with respect to Regulation 11 (1)
 FTC Ref: FTC000108 with respect to Regulation 13 (d)
 FTC Ref: FTC000109 with respect to Regulation 15 (2) (a)

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

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 28 April 2020

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 April 2020.

5.0 How we inspect

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

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that two incidents had been reported to RQIA since the care inspection on 28 April 2020
- unannounced care inspection report and QIP dated 28 April 2020.

During the inspection, the inspectors met with the service manager, service coordinator, a support worker and four service users.

Ten service user and/or relatives' questionnaires were provided for distribution; no responses were received.

'Tell us' cards were provided to give service users and those who visit them the opportunity to contact RQIA after the inspection with views of the agency; no responses were received.

At the request of the inspectors, the service coordinator was asked to display a poster within the agency. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The following records were examined during the inspection:

- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four staff recruitment files
- elements of three service users' care records
- a sample of governance audits/records
- a sample of appraisal records
- supervision matrix
- a sample of policies and procedures
- a sample of monthly monitoring reports
- RQIA registration certificate.

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

The inspectors would like to thank the manager (acting), service manager, service users and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

Areas for improvement from the last care inspection dated 28 April 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>In accordance with Regulation 23 (2) (3), the registered person is required to forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.</p> <hr/> <p>Action taken as confirmed during the inspection: Monthly quality monitoring reports had been submitted to RQIA, as agreed. However, given the inspection findings, it would indicate that there has been ineffective governance and management oversight of this service. Refer to section 6.1.1 for further detail.</p> <p>This area for improvement has not been met and has been subsumed into the failure to comply notice FTC000107.</p>	Not met
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are — (c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.</p> <hr/> <p>Action taken as confirmed during the inspection: On the days of inspection a number of records were not available to the inspectors, this included adult safeguarding, incidents and accidents and staff recruitment and selection records.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that each employee of the agency receives training which is appropriate to the work they are to perform.</p> <p>This refers specifically to training in the management of behaviours which challenge.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspectors reviewed the training records and confirmed not all staff had undertaken the required training. The inspectors acknowledge that 12 staff had attended 'behaviours which challenge' training in January 2020.</p> <p>This area for improvement has not been met and has been subsumed into the failure to comply notice FTC000107.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>An audit of staff supervision records must be undertaken, and a plan developed to ensure that any identified gaps are addressed in accordance with the minimum standards and the agency's policies and procedures.</p> <p>The methods of staff supervision must also be reviewed, to ensure that they are appropriate for the work the staff are to undertake.</p> <p>Any staff, who have the responsibility of undertaking staff supervision, must be suitably trained to undertake their role and evidence of training provided must be retained for inspection purposes.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of the staff supervision matrix confirmed that staff had received appropriate supervision. An audit of staff supervision had been undertaken.</p> <p>Review of staff training records and discussion with the service manager evidenced that this area for improvement, staff training in supervision, had not been met and is discussed further in section 6.1.1.</p>	<p>Partially met</p>

	This area for improvement has been partially met and has been subsumed into the failure to comply notice FTC000107.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standards 10.4 Stated: Third time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure the information held on record is accurate, up-to-date and necessary, it is not limited to but should include : <ul style="list-style-type: none"> • contact between the agency and HSCT regarding the service user; • contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user; and • incidents, accidents or near misses occurring and action taken. 	Not met
	Action taken as confirmed during the inspection: The inspectors reviewed elements of three care records, accident and incidents records and adult safeguarding records. A number of these records were not accurate or up to date and did not contain clear evidence of contact between the agency and Health and Social Care Trust (HSCT) representatives, other agencies or with the service user's representative (where appropriate). This area for improvement has not been met and has been subsumed into the failure to comply notice FTC000107.	
Area for improvement 2 Ref: Standards 5.4 Stated: Third time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the agency reports any changes in the service user's situation to the referring HSC Trust, and keeps a record of such reports.	Not met
	Action taken as confirmed during the inspection: The inspectors reviewed elements of three care records, accident and incidents records and adult safeguarding records. A number of these records were not accurate or up to date and did not contain clear evidence of contact between the agency and HSCT representatives, other agencies or with the service user's representative (where appropriate).	

	This area for improvement has not been met and has been subsumed into the failure to comply notice FTC000107.	
Area for improvement 3 Ref: Standards 1.1 Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure the values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice.</p> <p>This relates to ensuring that service user consultation and agreement is evidenced within individual care plans and risk assessments, as applicable. This should include the use of easy read documentation when necessary, in order to promote service user understanding of risks and promote their right to agree to or decline care to be provided.</p> <p>Action taken as confirmed during the inspection: Review of elements of three service users' care records evidenced that this area for improvement had been met.</p>	Met
Area for improvement 4 Ref: Standard 1.4 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>This refers, particularly to, but is not limited to, the impact of behaviours on other service users.</p> <p>Action taken as confirmed during the inspection: Consultation with service users identified that behaviours which challenge impacted on other service users; two service users spoken with raised this matter with the inspectors.</p> <p>This area for improvement was not met and has been stated for the second time.</p>	Not met
Area for improvement 5 Ref: Standard 8.3 Stated: First	<p>The registered person shall ensure that all staff are familiar with, and work in line with the agency's policies and procedure in relation to the management of escalating behaviours.</p> <p>All staff should be aware of the policy in relation to contacting senior support out of hours.</p>	Partially met

To be completed by: Immediate and ongoing from the date of inspection	There should be competency and capability assessments recorded on all staff who are left in charge to ensure that they have the necessary skills to fulfil their roles and responsibilities.	
	Action taken as confirmed during the inspection: Discussion with staff confirmed they were familiar with the agency's policies and procedure in relation to the management of escalating behaviours and the policy in relation to contacting senior support out of hours. This area for improvement has been met. Competency and capability assessments had not been completed. This area for improvement has been partially met and has been subsumed into the failure to comply notice FTC000107.	

6.1 Inspection findings

6.1.1 Management, leadership and governance arrangements

During the inspection the inspectors identified deficits in the oversight, monitoring and governance arrangements in the agency. Due to ineffective audit processes there was a failure to drive improvement resulting in a lack of compliance with the quality improvement plan (QIP) following the care inspection on 28 April 2020. As previously discussed in section 6.0, the monthly quality monitoring reports had been submitted to RQIA from February 2020. The submitted reports reflected a review of AccessNI checks, accidents, incidents and indicated that there were no omissions. The monthly monitoring reports from February 2020 to July 2020, did not evidence that the agency had identified appropriately the concerns raised by RQIA during this inspection. At the meeting on the 13 August 2020 RQIA requested that the monthly monitoring report is completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and forwarded to RQIA by the fourth day of each month.

There was a lack of robust systems to regularly review the quality of care and other services provided by the agency. This included, but is not limited to, the oversight and management of infection prevention and control (IPC) measures, recording and reporting of accidents and incidents, quality of record keeping, care and support records, management of adult safeguarding concerns, staff appraisal, staff training, monthly quality monitoring reports and staff recruitment.

The inspectors discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had access to online training and that the training provided them with the necessary skills and knowledge to care for the service users. The service coordinator confirmed that all staff had completed IPC training and review of the staff training matrix evidenced the training undertaken.

During interviews with service users it was reported that a member of staff did not wear a mask in the service, in line with current COVID-19 guidance. During an interview with the staff member they confirmed to the inspectors that they did not wear a mask. The inspectors discussed this matter with the service manager and service coordinator and they were unaware of the matter. This raises concerns that there is inadequate oversight of the service by the management. Other staff members had also not recognised that this is a serious breach of IPC procedures that should be escalated to management.

The inspectors reviewed the accident and incident records from 1 January 2020 to 31 July 2020. Review of accident and incident records identified that a number of accidents and incidents were not recorded, reported and actioned appropriately. Review of elements of three care records and accident and incident records identified that these records were not accurate or up to date and did not contain clear evidence of contact between the agency and HSCT representatives, other agencies or with the service user's representative (where appropriate). The agency had recorded eight accidents or incidents. On review of information provided by the behaviour support specialist it was noted that there had been 33 incidents relating to one service user.

As discussed in section 6.0 the agency was required to report any changes in the service user's situation to the referring HSC Trust this was identified as an area for improvement for a third time at the previous care inspection and has been subsumed into the failure to comply notice FTC000107. Furthermore, as discussed in section 6.0 the agency was required to ensure the information held on record was accurate, up-to-date and necessary; this was identified as an area for improvement for a third time at the previous care inspection and has been subsumed into the failure to comply notice FTC000107.

The details in relation to a number of accident and incidents contained insufficient detail. The date, time, persons spoken with and action taken was not always recorded. This means that any review of accidents and incidents to ensure that they were managed appropriately could not be fully completed and any learning could not be identified to prevent a recurrence.

RQIA were not notified in accordance with Regulation 15 (12) (b) (i) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 of an incident that had been reported to the Police.

Review of elements of one service user's care records raised further concerns regarding recording practices. It was difficult to follow the timeline of events surrounding the service user's deteriorating health due to a lack of detail in the daily records.

Specific examples were discussed in detail with the service coordinator who acknowledged the shortfalls in the documentation.

Through consultation with representatives of the WHSCT and review of adult safeguarding records and accident and incident records, it was noted that three adult safeguarding referrals were not made to the appropriate HSCT representatives in a timely manner. There was a lack of clarity regarding the identity of the adult safeguarding champion. These matters were discussed during the meeting in RQIA on the 13 August 2020.

The management team gave an assurance that all staff had been trained in adult safeguarding procedures; therefore this raised concerns as to the reason the policies and procedures had not been followed if the staff had fully understood the training and were competent in managing safeguarding concerns.

Review of staff training records and additional training information identified a number of staff had not attended training in recruitment and selection, staff supervision and 'behaviours which challenge'. Staff must be fully trained and assessed as competent in all areas appropriate to their roles and responsibilities to ensure that service users' needs can be fully met. As discussed in section 6.0 staff supervision and 'behaviours which challenge' training was identified as an area for improvement at the previous care inspection and has been subsumed into the failure to comply notices FTC000107 and FTC000108.

A competency and capability assessment for staff who were left in charge of the agency in the absence of the manager had not been undertaken. As discussed in section 6.0 this was identified as an area for improvement at the previous care inspection and has been subsumed into the failure to comply notice FTC000107.

The inspectors reviewed staff appraisal records. Annual staff appraisal for all staff had not been completed in accordance with Regulation 16 (2) (a) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and this area for improvement has been subsumed into the failure to comply notice FTC000107.

The inspectors reviewed monthly quality monitoring visit reports from March 2020 to July 2020. The reports did not address the concerns regarding the management of accidents and incidents, adult safeguarding reporting, staff recruitment (AccessNI), staff training or staff appraisals. The monthly quality monitoring visits completed were not effective in reviewing the quality of the service delivered and driving the required improvements.

The actions required to address the concerns identified are part of the failure to comply notices FTC000107 and FTC000108 issued to the agency on 14 August 2020 under Regulation 11 (1) and Regulation 13 (d) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.1.2 Care records

The inspectors reviewed elements of three care records. The inspectors were aware of an adult safeguarding referral made to the WHSCT on 9 July 2020. The inspectors had been advised by the agency of the outcome/recommendations made by the safeguarding team, prior to the inspection. On review of the service user's file the inspectors could not evidence that care and support plans were updated to reflect the discussions which had taken place with the adult safeguarding team.

Poor care planning and guidance for staff increases the risk to service users who may not experience care safely nor in the manner that effectively meets their individual needs and preferences.

The actions required to address the concerns identified are part of the failure to comply notice FTC000109 issued to the agency on 14 August 2020 under Regulation 15 (2) (d) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.1.3 Staff recruitment

The inspectors reviewed four recruitment records. The inspectors noted that a member of staff commenced employment two months prior to their AccessNI check being received by the agency.

Discussion with staff and review of staff training records confirmed two staff members that undertake staff recruitment were not trained in recruitment and selection.

The process for the recruitment of staff was inadequate and there was insufficient evidence of robust recruitment practices. The importance of maintaining a robust system for monitoring recruitment and the potential impact of not doing so was discussed during the meeting in RQIA on the 13 August 2020.

The actions required to address the concerns identified are part of the failure to comply notice FTC 000108 issued to the agency on 14 August 2020 under Regulation 13 (d) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.1.4 Management of behaviours which challenge

Consultation with service users identified that behaviours which challenge impacted on other service users; two service users spoken with raised this matter with the inspectors. The inspectors shared the service users' concerns at inspection feedback and during a subsequent telephone call with the service manager on 7 August 2020. The service manager agreed to follow up on these matters. An area for improvement was made under standard 1.4 in the previous care inspection in this regard. This area for improvement is stated for a second time in this report.

6.1.5 Records

In addition to adult safeguarding records not being available for inspection, other records were also unavailable for inspection purposes; these included records pertaining to incidents and accidents and staff recruitment and selection. This area for improvement is stated for a second time in this report.

6.1.6 Stakeholders views

Staff comments:

Discussion with two staff confirmed that they were satisfied with current staffing arrangements. Examples of some of the comments made by staff are listed below:

- "I have access to all COVID-19 guidance. Very good guidance available."
- "Care is very good and service users are treated very well."
- "Lots of gloves, aprons and hand sanitiser available."
- "I had a detailed induction."

RQIA also sought staff opinion on staffing via the online survey. There were no responses received within the time frame allocated.

Service users' comments:

Service users spoken with during the inspection generally commented positively in regard to the care they received. As previously discussed in section 6.1.4, two service users identified that behaviours which challenge impacted on other service users. Examples of some of the comments made by service users are listed below:

- “Staff are good to me.”
- “If I had a bad day I can talk to staff member Xxxx.”
- “We were all told about Covid. Everyone wears aprons, gloves and masks except staff member Xxxx.”
- “Staff are all very kind, my key worker is Xxxx.”
- “Dinner is good, I get mixed grill and steak sometimes.”

Professionals' comments:

The inspectors spoke with five professionals post inspection. Examples of some of the comments made by professionals are listed below:

- “Concerns regarding the provision of staff training including behaviours which challenge and lack of confidence that training is embedded in practice.”
- “Currently good communication and collaborative working with the agency.”
- “Delay in reporting an adult safeguarding concern. Potens management were informed of the allegation on 17 January 2020 however they did not inform the Trust until 6 February 2020.”
- “Following the return of staff member Xxxx to the organisation improvements have been noted regarding communication and support delivered.”
- “I have concerns regarding the management of adult safeguarding allegations including the staffs understanding of adult safeguarding protocols.”

Areas of good practice

There were areas of good practice identified in relation to the introduction of the NISCC induction standards for staff, the completion of staff supervision, the involvement of a behavioural specialist to formulate a behaviour support plan for a service user and easy read information available to service users were evidenced.

Areas for improvement

Three Failure to Comply Notices were issued under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Two areas for improvement at the last inspection have been stated for a second time. These areas relate to the availability of records in line with Schedule 4 and taking the appropriate action following receipt of feedback and comments from service users to make improvements to the quality of the service.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with, the manager (acting), service manager and the service coordinator, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and 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 21 (1) (c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are —</p> <p>(c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.</p> <p>Ref: 6.1.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All records are maintained in the Registered Office to comply with the standards and schedule.</p> <p>2 file system for Safeguardings and Complaints / Compliments has been implimented and reviewd and signed off by Area Manager each month.</p> <p>Acurate trainig records are maintained and reviewed weekly by Area Manager and service managers / Team Leads to ensure compliance</p> <p>Safe Recruitment process in place to review and evaluate the documentation and process of staff recruitment and selection. All staff files undergo a Post Employment Checklist & review and a Post Employment Audit - only when all the checks are compeleted, will the file be signed off and a start date given.</p> <p>NISCC & Access NI records are kept and reviewed at least monthly by manager and area manager and there is a process in place for renewals to be applied for in a timesly way. All new starters must apply for their NISCC no later than 12 weeks after start date with the agency and must be in place by the 6 month date post commencement. Without a valid NISCC staff are unable to work.</p> <p>Incidents and Accidents are reviewed within 24 hours by line manaager. All accidents and incidents are also reviewed and monitored by Senior Management Team on a monythly basis with records to demosntrate governanace also on file.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 1.4</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>This refers, particularly to, but is not limited to, the impact of behaviours on other service users.</p> <p>Ref: 6.1.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The mnager & Area mamanegr have carried out individual supervision sessions with all staff to address this matter as well as team meetings, written communications and training to ensure that all pws are treared with dignity and respect at all times.</p>

	<p>PBS training had previously been undertaken by staff and a refresher training book via virtual classroom for all staff during Sept/Oct 2020. Values based training also booked for all staff and this will be facilitated by Potens Positive Support Facilitator and Service Development Manager.</p> <p>Performance management has commenced with several staff in regard to same.</p> <p>PWS meeting have also addressed to difficulties some people experience with sharing and living with others. PWS are able to safely voice their concerns and be supported to work through these issues to resolve for each person.</p>
--	---

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)