

# Unannounced Care Inspection Report

## 13 January 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**

**Inspector: Fionnuala Breslin**

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Assurance, Challenge and Improvement in Health and Social Care

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, Londonderry and Strabane. A team of 42 staff provide the care to nine service users living in two houses in Derrygonnelly, where staff support service users 24hours per day; in addition the agency provides an outreach service to 13 service users.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Potens  <b>Responsible Individual:</b> Miss Nicki Stadames	<b>Registered Manager:</b> Not applicable
<b>Person in charge at the time of inspection:</b> Senior Support Worker	<b>Date manager registered:</b> Karen McKinley – Application received 14 October 2019

### 4.0 Inspection summary

An unannounced inspection took place on 13 January 2020 from 11.00 to 15.30hours.

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.

The inspection was undertaken in response to information received by RQIA relating to:

- Ineffective out of hours support for staff
- Lack of training in the management of behaviours and medication administration.
- Out of date care plans
- Lack of induction for senior support workers
- Staff not registered with the Northern Ireland Social Care Council (NISCC)
- Lack of management reporting of incidents to the relevant Health and Social Care Trust (HSCT).

The inspection also assessed progress with any areas for improvement identified during and since the last care inspection.

The inspector substantiated the majority of information provided to RQIA. As a result of the inspection, RQIA was concerned that aspects of the quality of service provided by Potens Domiciliary Care Agency were below the minimum standard expected. A decision was taken to hold an intention meeting to issue two failure to comply notices in relation to the fitness of the care workers and in relation to the quality monitoring processes; and a serious concerns meeting in respect of continued non-compliance with areas for improvement, previously stated by RQIA. Both meetings took place at RQIA on 23 January 2020.

During the intention meeting the responsible individual acknowledged the failings and provided a full account of the actions and arrangements being taken to ensure the improvements to achieve full compliance with the required regulations. RQIA was not satisfied that sufficient progress had been made since the date of the inspection and in relation to previous matters raised at inspections and through Quality Improvement Plan's (QIP's).

The outcome of the meeting resulted in two failure to comply notices being issued.

One failure to comply notice related to the agency's failure to ensure that staff were registered with NISCC.

The second failure to comply notice related to ineffective quality monitoring processes. Additionally, in accordance with Regulation 23 (2) (3), the responsible individual is required to forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.

During the serious concerns meeting, the manager acknowledged the failings and provided a satisfactory action plan detailing the actions currently being taken to ensure compliance with the regulatory breaches identified. RQIA was satisfied with the information and assurances provided and a decision was made to issue a QIP.

There were areas of good practice in relation to the introduction of the NISCC induction standards for staff. Contrary to information received by RQIA, training records reviewed during the inspection indicated that all staff had attended medication training. There was good practice identified in relation to the use of an advocacy service to support service users to work in the community. There was also an area of good practice noted in relation to the involvement of a behaviour specialist to formulate a behaviour support plan for a service user. This led to positive results for the individual concerned

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
<b>Total number of areas for improvement</b>	6	7

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

Enforcement action resulted from the findings of this inspection.

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 taken following the most recent care inspection dated 29 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 April 2019.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received by RQIA since the previous inspection.

During our inspection we focused on conversations with the service users and staff to find out their views on the service.

The inspector reviewed the following records:

- recruitment records of three support staff specifically relating to Access NI and NISCC registration
- induction records of two support staff and the senior support staff
- staff training records
- care plans and risk assessments
- individual incident records
- out-of-hours policy and procedure to contact senior support staff for advice.

Questionnaires and “Have we missed you?” cards were provided to give service users and those who visit them the opportunity to contact RQIA after the inspection with their views. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received 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.

During the inspection the inspector met with three service users and four staff. The feedback is contained within the report.

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

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

The findings of the inspection were provided to the senior support worker in the absence of the manager at the conclusion of the inspection.

## 6.0 The inspection

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (d) <b>Stated:</b> Third time	The registered person 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	<b>Not met</b>

<b>To be completed by:</b> Immediate and ongoing from the date of inspection	matters specified in Schedule 3.	
	During the inspection undertaken on 13 January 2020 the records relating to staff NISCC registrations were not available for inspection. One staff member spoken with informed the inspector that their registration had lapsed. A second staff member informed the inspector that their registration application process had not commenced, despite being in post for five months. This area for improvement was not met. Refer to section 6.1 for further detail.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 23 (2) (3),  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring visits undertaken on a monthly basis until further notice.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> 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 for further detail.	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standards 10.4  <b>Stated:</b> Second time  <b>To be completed by:</b> 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"> <li>• contact between the agency and primary health and social care services regarding the service user;</li> <li>• 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</li> <li>• incidents, accidents or near misses occurring and action taken.</li> </ul>	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the records of three service users. In relation to two recent incidents, there was no evidence to support that significant information in relation to service users had been recorded. This area for improvement was not met and has been	

	stated for the second time.	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the agency reports any changes in the service user's situation and issues relevant to the health and wellbeing of the service user to the referring HSC Trust, and keeps a record of such reports.</p> <p><b>Action taken as confirmed during the inspection:</b> The review of two service users' records identified that significant incidents had not been consistently reported to the relevant HSC trust. This area for improvement was not met and has been stated for the third time.</p>	<b>Not met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 1.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 June 2019</p>	<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><b>Action taken as confirmed during the inspection:</b> In three of the service user records reviewed, there was inconsistency in relation to the level of consultation and agreement with service users regarding their individual care plans and risk assessments. Care plans were not presented in easy read format, as necessary, to promote the service users' understanding of risks and to help them to make informed choices regarding their care. This area for improvement was not met and has been stated for the second time.</p>	<b>Not met</b>

## 6.1 Inspection findings

During the inspection the records relating to staff members NISCC registrations were not available for inspection. One staff member informed the inspector that they had let their registration lapse. A second staff member informed the inspector that their registration application process had not commenced, despite being in post for five months. Following the inspection, the manager confirmed these details to the inspector. This is deemed unacceptable by RQIA. Until the matter is resolved the Western Health and Social Care Trust has agreed measures with management for the protection of service users.

RQIA was concerned that the necessary safeguards to protect and minimise risk to service users, through robust NISCC registration processes, were being compromised. As previously discussed a meeting was held with the intention of serving a failure to comply notice in respect of Regulation 13 (d) (e). At this meeting an action plan was provided and assurances were given that necessary actions had been taken to ensure compliance in this area. RQIA was not satisfied with the assurances provided and a decision was made to serve a failure to comply notice. RQIA advised that robust monitoring systems must be implemented to ensure that staff are appropriately registered with their professional body at all times. A further inspection will be undertaken to validate compliance with the failure to comply notice.

As previously discussed in section 6.0, the monthly quality monitoring reports had been submitted to RQIA for the period April 2019 to December 2019 and were deemed satisfactory by the reviewing inspector. The submitted reports reflected a review of the NISCC registrations and indicated that there were no omissions. In August 2019 the manager also confirmed to RQIA that all staff were appropriately registered. The evidence on this inspection indicated that the monthly monitoring reports were not effective in highlighting shortfalls with NISCC registrations, RQIA were concerned regarding the effectiveness of governance and management oversight of the agency. A meeting was held with the intention of serving a failure to comply notice in respect of Regulation 23 (1). At this meeting an action plan was provided and assurances were given that necessary actions had been taken to ensure compliance in this area. RQIA was not satisfied with the assurances provided and a decision was made to serve a failure to comply notice. RQIA advised that the registered person must establish and maintain a system for evaluating the quality of the services and the reports of the visits undertaken in accordance with this regulation must evidence the review of NISCC registrations of all staff. A further inspection will be undertaken to validate compliance with the failure to comply notice.

In addition to the NISCC records not being available for inspection, other records were also unavailable for inspection purposes; these included records pertaining to incidents and accidents. An area for improvement has been made in this regard.

As discussed in section 6.0, there was insufficient evidence available in relation to incidents being consistently recorded and reported to the HSC trust. Two areas for improvement, previously made in this regard, have been made for the third time. The inspector also identified that there was an inconsistent approach to consultation with service users, in relation to their agreement with individual care plans and risk assessments. Care plans were not available in easy read format, as necessary, to promote service user understanding of risks and to help them make informed choices regarding their care. An area for improvement, previously made in this regard has been made for the second time. These matters were discussed with the responsible individual during the serious concerns meeting on 23 January 2020. During the serious concerns meeting, the manager acknowledged the failings and provided a satisfactory action plan detailing the actions taken or to be taken to ensure compliance with the regulatory breaches identified.



Additionally, consultation with service users identified that behaviours impacted on other service users; service users spoken with raised this matter with the inspector. This had been raised at the previous care inspection and appropriate action had been taken at that time by the HSCT representative. Despite previous satisfactory intervention this matter has again been raised by the inspector. An area for improvement has been made in this regard.

Staff spoken with on the day of inspection identified that support staff were not fully aware of the policy and procedure on how to deal with escalating behaviours. Staff informed the inspector that they felt there was a lack of support in such situations. Those spoken with stated that they did not feel that the manager or area manager visited the facility frequently enough. Two areas for improvement has been made in this regard.

The review of one supervision record identified that supervision had not been undertaken in keeping with the timescales outlined in the agency's policy and procedures. It was also noted that the supervision had not been held face-to-face. An area for improvement has been made in this regard.

There was evidence that the new manager had introduced a four week induction plan for support staff in line with the NISCC standards. One newly appointed staff had commenced this induction and there was evidence of work accomplished and signatures of the staff member and the senior support worker. However, the inspector confirmed that an induction had not been provided to staff that had changed roles within the agency. An area for improvement has been made in this regard.

During interviews with staff it was reported that a service user's facilities were not up to standard which could impact the health and safety of the service user and staff. An area for improvement has been made in relation to the maintenance of equipment and the maintenance of a safe and healthy working environment.

### **Areas of good practice**

There were areas of good practice identified in relation to the introduction of the NISCC Induction Standards into the staff induction process. Contrary to information received by RQIA, training records reviewed during the inspection indicated that all staff had attended medication training. There was good practice identified in relation to the use of an advocacy service to support service users to work in the community. There was also an area of good practice noted in relation to the involvement of a behaviour specialist to formulate a behaviour support plan for a service user. This led to positive results for the individual concerned

### **Areas for improvement**

Areas for improvement were made in relation to NISCC registrations; the monthly quality monitoring reports; the availability of records; staff training and supervision. Other areas for improvement related to the recording and reporting of incidents; consulting service users regarding their care and support plans; acting on service user feedback; the induction process; and staff adhering to local policy and procedures and action to be taken in respect of maintenance issues.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	6	7

## **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 senior support worker, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d) (e)</p> <p><b>To be completed by:</b> 27 April 2020 (as outlined in failure to comply notice: FTC000087)</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</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>(e) subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register;</p> <p>Ref: 6.0 and 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Governance arrangements (Policy developed and system with back up endorsers to access / monitor) explicitly incorporating NISCC registrations / renewals has been developed and implemented. Alongside current safer recruitment sign off processes this will ensure full compliance.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 23 (1)</p> <p><b>To be completed by:</b> 27 April 2020 (as outlined in failure to comply notice: FTC000088)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Ref: 6.0 and 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Reporting systems and monitoring procedures have been reviewed and added to. Implementation and embedded of these are formally underway.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 23 (2) (3)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 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> <p>Ref: 6.0 and 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Second time stated - Monthly reports will be forwarded in line with QIP.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 21 (1) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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—</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Pre inspection a reorganisation of the agencies records had been commenced. This has continued to ensure easy access / signposting</p>

	for inspection.
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> 3 days of training in this area was booked to take place before the inspection took place. This proceeded as planned in January.</p> <p>A full review of the training across the agency has been undertaken to effectively plan this throughout the year and the learning management system introduced will enable effective monitoring in this area.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> A full review of supervision and training across the agency has been undertaken.</p> <p>Reporting and record management against these areas have been developed and an implementation programme commenced for the effective monitoring.</p> <p>A centralised system of recording and monitoring supervision and training by way of a computerised learning management system has been being introduced across the agency since early January.</p> <p>Records of training held on staff files for inspection.</p>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>	

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standards 10.4</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>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 :</p> <ul style="list-style-type: none"> <li>• contact between the agency and HSCT regarding the service user;</li> <li>• 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</li> <li>• incidents, accidents or near misses occurring and action taken.</li> </ul> <p>Ref: 6.0 and 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> The system for recording and tracking such has been recirculated for implementation across the agency.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standards 5.4</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>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.</p> <p>Ref: 6.0 and 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> The system for recording and tracking such has been recirculated for implementation across the agency.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standards 1.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<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><b>Response by registered person detailing the actions taken:</b> The Service Development Manager for the Region has been introduced to support positive modelling and the practice of staff in utilising accessible information assessments / tools and defensible documentation practices following consultation on care and risk planning.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 1.4</p> <p><b>Stated:</b> First time</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</p>

<p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>behaviours on other service users.</p> <p>Ref: 6.1</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 8.3</p> <p><b>Stated:</b> First</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> The system for recording and tracking such has been recirculated for implementation across the agency.</p> <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> <p>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.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Whilst training in incident recognition and reporting was provided and undertaken in 2019, further training and guidance in this area will be provided.</p> <p>The on-call policy and rota is regularly reviewed and updated with named and paid people available. The lack of knowledge on the day of the inspection is disappointing but this will be covered formally with all staff within team meetings / supervisions.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p><b>This refers specifically to the need for an induction to be given to staff that are new to the senior support worker role.</b></p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Documentation relating to this from an Induction / Personal Development Plan in place for working through.</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that the agency has systems in place that ensure safe and healthy working practices. This refers specifically to the maintenance of equipment and the maintenance of a safe and healthy working environment.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b></p>

from the date of inspection	Monthly health and safety assessments (where appropriate to undertake) and recently appointed responsive maintenance system now in place and operating well.
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