



Unannounced Care Inspection Report 23 August 2018



Potens Domiciliary Care Agency

Type of Service: Domiciliary Care Agency
Address: 32 Knockmore Road, Derrygonnelly, BT93 6GA
Tel No: 02868641857
Inspector: Marie McCann

www.rqia.org.uk

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 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 is a supported living type domiciliary care agency, located in Derrygonnelly. The agency's aim is to provide care and housing support to service users with learning disability needs in their own homes with the overall goal of promoting independence and maximising quality of life; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services. The service is commissioned by the Western Health and Social Care Trust (WHSCT).

The agency's registered premises are located within the same building as a number of service users' accommodation and accessed from a separate entrance. The service users' accommodation is comprised of a shared bungalow, two adjoining flats and a number of homes in the local community.

3.0 Service details

Organisation/Registered Provider: Potens Responsible Individual(s): Miss Nicki Stadames	Registered Manager: Mr Deane McMorris – acting manager
Person in charge at the time of inspection: Mr Deane McMorris	Date manager registered: As above – no application required

4.0 Inspection summary

An unannounced inspection took place on 23 August 2018 from 10.30 to 17.40.

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

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 staff induction; supervision and appraisal; risk management; care planning and reviews, communication between service users and agency staff and other key stakeholders; the provision of compassionate care and the involvement of service users; governance arrangements and quality improvement.

One area for improvement was identified in relation to staff training; three further areas for improvement were stated for a second time in regards to recruitment information held by the agency; review of the agency's adult safeguarding policy and record keeping.

Service users' comments will be reflected throughout the 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	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Deane McMorris, manager and the acting team leader, 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 17 July 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 July 2017.

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 four incidents had been notified to RQIA since the last care inspection 17 July 2017.
- Unannounced care inspection report and quality improvement plan from 17 July 2017.

During the inspection the inspector met with the manager, acting team leader, five service users and three staff.

The following records were examined during the inspection:

- three service users' care records and risk assessments
- a sample of service users' daily records
- two staff recruitment records
- staff training records
- records relating to staff supervision and appraisal
- the agency's complaints/compliments record from 17 July 2017 to 22 August 2018
- staff roster information from 6 August 2018 to 27 August 2018
- a sample of minutes of service users' meetings from July 2017 to August 2018
- a sample of minutes of staff meetings for September 2017 and August 2018
- the agency's record of incidents and accidents since the last inspection
- a sample of monthly quality monitoring reports from July 2017 to August 2018
- Adult Safeguarding Policy, 2017
- Recruitment and Selection Policy, 2017
- Whistleblowing Policy, 2017
- Supervision Policy, 2017
- Confidentiality Policy, 2016
- Complaints Policy, 2017
- Statement of Purpose
- Tenant's Guide

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

Ten service user and/or relatives' questionnaires were provided for distribution; six questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the setting to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the setting.

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

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 July 2017

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 July 2017

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 13.(d) Stated: First 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 matters specified in Schedule 3. Ref: 6.4	Partially met
	Action taken as confirmed during the inspection: A review of a sample of recruitment records evidenced that the majority of records specified in Schedule 3 were in place and available for inspection. However some records were not available during the inspection, this specifically relates to; no	

	<p>written explanation of a gap in employment within one record; no date of an Access NI check within one record; no statement by the registered provider, or the registered manager, that the person was deemed physically and mentally fit for the purposes of the work which they were to perform.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 21.(1)(c)</p> <p>Stated: First time</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 the person authorized by the Regulation and Improvement Authority.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that records specified in Schedule 4 were maintained and available at the time of inspection.</p>	Met
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 11.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the agency's policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p> <p>This relates specifically to references made in the policy relating to Access NI enhanced disclosure checks.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the agency's recruitment and selection policy references the requirement for Access NI enhanced disclosure checks.</p>	Met

<p>Area for improvement 2</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the agency's procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and the local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that the agency's adult safeguarding policy has been updated to reference the Regional Adult Safeguarding Prevention and Protection in Partnership Policy, July 2015; however it did not include the associated Operational Procedures, September 2016.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</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>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: A review of a sample of service users' daily records noted that there were several instances whenever an entry had not been made. In addition, a number of handover reports were partially completed.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15.17</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the agency's complaints policy is updated to include details for the complainant of their right to approach the NI Commissioner of Complaints if they remain dissatisfied with the outcome of the relevant complaints procedure.</p> <p>Ref: 6.7</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the agency's complaints policy includes details of a complainant's right to contact the NI Commissioner for Complaints if they remain dissatisfied with the outcome of the relevant complaints procedure.</p>	
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6.3 Inspection findings

6.4 Is care safe?

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

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspector reviewed a sample of personnel records of two recently recruited staff. These records confirmed that the majority of the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. However, discussion with the manager and a review of the records highlighted that a number of deficits were identified in relation to information that is required in line with regulation. These related specifically to the requirement to have a satisfactory written explanation of any gaps in employment and a statement completed by the responsible person or registered manager, confirming that the person was physically and mentally fit for the purpose of the work he/she has to perform. In addition, it was noted in one record that the agency had not maintained a date on which the Access NI application was checked. Discussions with the manager and further assurances following his liaison with Access NI confirmed that the employee had received Access NI clearance prior to commencing work. An area for improvement has been restated in this regard.

A review of the agency's recruitment and selection policy confirmed that the agency had improved the policy to reference the requirements for Access NI enhanced disclosure checks. The inspector advised that the policy should be improved further to include all requirements as per Regulation 13 Schedule 3. The manager agreed to action this.

Discussion with the manager confirmed that a record of the induction programme provided to staff is retained; the inspector viewed two individual staff induction records. These evidenced that staff received an induction lasting a minimum of three days which included topics such as adult safeguarding, whistleblowing, complaints training and shadowing with experienced staff. In addition, discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided them with the knowledge and skills to fulfil the requirements of their job role.

Discussions with staff on the day of inspection provided positive feedback regarding the quality of training received; they described a variety of different formats for training such as eLearning and face to face training. The manager advised that the majority of staff were being supported to complete NVQ training in addition to the agency's mandatory training programme. The inspector reviewed the agency's training matrix for 2018/2019, which identified that the

mandatory training for a number staff employed in an outreach role was out of date. An area for improvement has been made in this regard.

Discussions with the manager and staff established that the agency endeavours to ensure that at all times an appropriate number of skilled and experienced persons are available to meet the assessed needs of the service users. The provision of consistent staff to support service users was evident. Service users and staff who spoke with the inspector felt that there were enough staff to meet the needs of individual service users and staffing levels were reviewed as required to facilitate one to one support time for service users. A review of a sample of rotas evidenced that they were organised and reflected staffing levels as described by the manager.

The agency's supervision and appraisal policy outlines the timescales and procedures to be followed. A review of a sample of records evidenced that staff received supervision and appraisal in accordance with the agency's policy. This was confirmed in discussion with staff who could describe the benefits of supervision and appraisal. It was positive to note that the agency's supervision template provides opportunity for staff to discuss safeguarding or whistleblowing issues and their understanding of agency policies.

The inspector reviewed the agency's provisions for the welfare, care and protection of service users. The manager could describe the agency's response to the DHSSPS regional policy Adult Safeguarding Prevention and Protection in Partnership, July 2015. It was noted that the organisation had updated their policy and procedures to reflect information contained within the policy. However, it did not reference the associated Operational Procedures, September 2016. An area for improvement has been restated in this regard. The agency has identified an Adult Safeguarding Champion (ASC) and a pathway for staff to report any concerns. While training records viewed by the inspector demonstrated that all staff had received adult safeguarding within the last two years, this was not consistent with the agency's policy that staff receive a yearly update. The manager agreed to action this.

Discussion with the manager and a review of records confirmed that there had been a number of adult safeguarding referrals since the last care inspection. The manager demonstrated appropriate knowledge in relation to: addressing safeguarding matters if and when they arise, ensuring the safety and wellbeing of service users while supporting appropriate protection planning and investigation and effectively liaising with the WHSCT adult safeguarding team to ensure outcomes of investigations are recorded. Discussions with staff also confirmed that they had a clear understanding of adult safeguarding issues and the process for reporting concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety. Discussions with service users confirmed that they were supported to be involved in their risk assessments and care plans and staff discussed with them how to stay safe. A review of records confirmed that there is a range of risk assessments in place relating to individual service users. The manager advised that there are no restrictive practices in place, other than the need for some service users to receive support with the management of their finances. These arrangements are recorded in conjunction with service users and where appropriate their representatives and their WHSCT keyworker.

The agency's registered premises are located in the same building as a number of the service users' accommodation. The office is accessed from a separate entrance to the service users' home. The manager advised that planning permission has been approved, with work due to commence October 2018, for a new office and two additional bungalows to be built on a site adjacent to the home of the service users.

Discussion with service users and staff on the day of inspection evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I feel safe here."
- "I would talk to staff if I'm worried."
- "Staff are kind."
- "All the staff are great."
- "Staff here are unbelievable."
- "Staff were amazing when my relative got sick, they were so supportive and kind."
- "I could talk to staff about anything."
- "I couldn't complain about anything the staff do, but I know I could if I needed to."
- "I like it here, they are my family."
- "The staff are very kind, if I'm worried I like to speak to xxxx, but I can talk to any of them."

Staff comments:

- "Induction is more than three days and it was very good, it really helped me prepare for the job."
- "The training is great; it's of a good quality."
- "You are supported to do training; I am now working through National Vocational Qualifications (NVQ) training."
- "We are well staffed."
- "We get regular supervision to talk through any issues and your development but could talk to the manager or team leader any time."
- "Everyone is safe here; I couldn't go home at the end of the day if they weren't."
- "Epilepsy training was very helpful."
- "The training is of a good standard."

Six service users and/or relatives returned questionnaires to RQIA. Of the six responses received, five responses indicated that they were very satisfied and one response indicated that they were satisfied that the care provided to service users was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal and risk management.

Areas for improvement

One area for improvement was identified in relation to staff training; two further areas for improvement were stated for a second time in regards to recruitment information held by the agency and review of the agency's adult safeguarding policy.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Tenant's Guide. The inspector advised a number of amendments to the agency's Statement of Purpose and Tenant's Guide such as removing inaccurate terminology and organisations/systems and therefore ensuring they remain meaningful for the locality in which the agency is operational. The proposed changes would also ensure that these documents accurately reflect the regional adult safeguarding policy and the presence of the Northern Ireland Commissioner for Complaints. The amended documents were sent to RQIA following the inspection and were noted to be satisfactory.

The inspector confirmed with the four service users spoken with during the inspection that there were no matters arising regarding the support being provided by the staff in Potens domiciliary agency.

A sample of service user records viewed on the day of inspection noted that care plans and risk assessments were comprehensive, with evidence of regular evaluation. One service user's risk assessments were due review and the acting team leader was in process of ensuring this was actioned. Discussions with service users and examination of records confirmed that care plans were shared with and signed by service users to indicate that they had agreed with the care provided. It was positive to note that in addition to the HSC Hospital Passports, the agency maintained an additional document: My Health Action Plan.

The records also confirmed that service users attended a care review on an annual basis or more frequently if required, with the relevant WHSCT professionals. As well as attending care reviews the agency provided a written report to contribute to the service user's review process. A review of a sample of daily care records for individual service users during August 2018 noted that entries were not made for service users on a number of occasions. In addition, a sample of written handover reports viewed were not fully completed. An area for improvement has been restated in this regard.

The inspector noted that there were arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. This included a monthly audit report undertaken by the manager in relation to the conduct of the agency including adult safeguarding referrals, accidents, and incidents, key risks to service users, staffing, and outcomes of any audits such as finance or medication audits completed that month. In addition, the inspector confirmed that monthly quality monitoring visits reports were available for review from the last care inspection, with the exception of July 2018, which the manager advised was due to difficulties with the travel arrangements encountered by the senior manager who completes the visits. Samples of the reports viewed for visits undertaken in April 2018 and August 2018 evidenced consultation with service users, their relatives and WHSCT professionals regarding the quality of the service. The reports demonstrated a quality improvement focus with development of an action plan as required.

Within the agency's Tenant's Guide, service users are provided with information in relation to potential sources of support to discuss their needs and care plan or make a complaint.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with service users and adapted their communication methods as necessary, with individual service users depending on their assessed needs and emotional state. Staff were observed to be vigilant in responding to nonverbal cues as well as verbal communications. It was clear from discussions with staff that they possessed good knowledge of the service users' needs and preferences; and how they are working with the service users to achieve the best outcomes.

Review of service users' care records evidenced that collaborative working arrangements were in place with service users' relatives and other key stakeholders. The inspector noted that liaison with others on behalf of or in respect of service users was evidenced within the agency's daily recording system. The inspector advised that the time of such contacts should be reflected within the daily recordings to provide a contemporaneous and accurate time line. The manager agreed to address this.

The inspector reviewed the minutes of three staff meetings since the last care inspection. They were noted to have a varied agenda. The meetings held in September 2017 and August 2018 evidenced a quality improvement focus, and evidenced discussion regarding the requirements of the Northern Ireland Social Care Council (NISCC), eLearning requirements, finance audits and medication management. The inspector suggested that the record of staff meeting minutes should be improved to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at the next meeting. The manager agreed to action this.

Service user care records were noted to be well organised and stored safely and securely in line with data protection requirements.

Discussion with service users and staff on the day of inspection evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "I have my review planned the end of this month."
- "Staff share all my information with me."
- "This is my home."
- "I love it here."

Staff comments:

- "I feel support given here by staff is of a high standard, and any issues the manager takes action."
- "We have opportunity to discuss any issues on a day to day basis, at supervision or staff meetings."
- "I have absolutely no concerns with the care/support I see any staff provide."

Six service users and/or relatives returned questionnaires to RQIA. The six responses indicated that they were very satisfied that the care provided to service users was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

One area for improvement was stated for a second time in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout the expression of staff attitudes and the delivery of the service.

Service users were keen to speak with the inspector during the inspection process to express the benefits they experience as a result of the care and support provided by the staff team. Service users who wished to meet the inspector were provided with privacy as appropriate. Discussion with service users provided positive feedback and they described how staff provide them with encouragement and support to promote their independence. One service user described how their confidence had grown since living in the setting, resulting in a positive impact on their general emotional wellbeing. The service user advised that staff supported them to lead active and independent lives and develop links with the local community. They described the choices and flexibility they could exercise while having access to the care and support of the staff team who were responsive to their needs.

Another service user enthusiastically described the support staff provided to them to engage and participate in meaningful activities, which incorporated the service user's specific hobbies and interests. Discussion with one service user confirmed that they had been able to decorate and furnish their room to their individual preferences, the service user demonstrated pride in their home.

Staff interactions with service users were observed to be compassionate, caring and timely. The inspector observed staff using language and behaviours which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. Discussions with staff indicated that care and support was provided in an individualised manner, with regards to the equality and diversity of service users. Staff were able to provide examples when they reassessed and adapted the care and support plans for service users to promote their independence and emotional wellbeing. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

Discussions with staff and service users reflected a variety of formal and informal systems to ensure that's service users' views and opinions were taken into account in all matters affecting them.

The manager advised that meetings with service users were organised as agreed by service users. A review of the records maintained noted that the minutes were written by the service users and service users signed the meeting records to confirm attendance and agreement with the record.

Discussion with service users and staff on the day of inspection evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "I am doing my room up...I get to pick the things I want in it."
- "Staff are kind."
- "I went to see my favourite football team with xxxx (staff), I had a great time, can't wait to do it again."
- "I feel more secure here than I did where I used to live in residential care, I am more independent and happier."

Staff comments:

- "I get great satisfaction from the job, it's so important to promote independence."
- "Tenants are offered choice in everything they do."
- "We are always aware that each day we are walking into someone's home when we go to work."
- "If anyone notices that a service user is having a bad day, staff always go out of their way to support them."

Six service users and/or relatives returned questionnaires to RQIA. Of the six responses received, five responses indicated that they were very satisfied and one response indicated that they were satisfied that the care provided to service users was compassionate.

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.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The inspector sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager, acting team leader, acting senior support worker and a team of support workers. This system was noted to provide a consistent staff team who were knowledgeable about service user support needs, which enabled appropriate responses to be taken to any changes in service users' needs. Discussion with the manager confirmed that efforts remain ongoing in regards to recruiting a permanent registered manager for the service.

The agency had a defined organisational and management structure that identified lines of accountability and this was available in the Statement of Purpose. During discussions with the staff team it was evidenced that each staff member had knowledge of their role, function and responsibilities. Discussion with the manager confirmed that he had a good understanding of their role and responsibilities under the legislation.

Staff gave positive feedback in respect of leadership and good team working. Staff attributed this to the effective communication achieved by an open door approach provided by the manager, in addition to the provision of regular supervision for staff and staff meetings.

Staff confirmed that if they had any concern or suggestions they could raise these with the management team. Staff demonstrated knowledge of the whistle blowing policy if they could not resolve their concerns locally but indicated they would be unlikely to need this due to the transparent working relationships that exist within the team. The inspector viewed a recent memo sent to all staff reiterating staff responsibilities as outlined in the agency's whistleblowing policy and provision of steps to follow should they wish to raise a concern. The memo included the role of RQIA. The inspector noted that the agency's whistleblowing policy included an external agency that staff could contact if they were not satisfied that their concerns had been taken seriously. However, the inspector advised that the policy was further revised to include additional external agencies such as RQIA and the Northern Ireland Social Care Council (NISCC). The manager updated this at the time of inspection and agreed that this would be ratified by senior management.

The agency's complaints policy was noted to provide details of the management of complaints; including the role of the Northern Ireland Commissioner for Complaints. The inspector advised that the policy should be further revised to include the details of the relevant commissioning WHSCT complaints department and the Patient Client Council. The manager updated this at the time of inspection and agreed that this would be ratified by senior management. A review of the complaints records maintained in the agency evidenced that there had been two complaints since the previous care inspection. Both complaints were recorded by a service user and related to issues involving another service user. Issues were addressed and resolved via mediation with the support of staff. Discussions with staff demonstrated an understanding of the actions required in the event of a complaint being received. Service users spoken with during the inspection knew who to speak to if they had a complaint or concern.

It was positive to note that the agency sought feedback via a written format from visitors to the setting. Review of two completed forms from WHSCT staff evidenced no concerns.

The agency has in place management and governance systems to drive quality improvement; this includes arrangements for managing incidents; a monthly area manager audit and monthly quality monitoring visits undertaken by senior management. In addition, the agency maintains a service development plan which is implemented based on outcomes from audits. Examples of audits viewed included: finance, pharmacy and infection control.

Incidents were recorded on an electronic system within each service user's individual records. Senior management have remote access to this information and incidents are reviewed and audited on a monthly basis. A review of a sample of incidents and accidents which had occurred since the previous care inspection indicated that they had been responded to and managed appropriately and actions were taken with aim of preventing reoccurrences.

It was positive to note that the agency has finance guidelines in place for staff which provides guidance on staff roles and responsibilities and charges which may apply when out with service users. This document was noted to have been signed as read and understood by the staff team.

All staff providing care and support to service users are required to be registered with the NISCC or other regulatory body as appropriate. The manager confirmed that information regarding registration and renewal dates was maintained by the agency with the support of the administrator. A review of NISCC records online on the day of inspection confirmed all staff were currently registered. The manager described the system in place for monitoring renewal of NISCC registration. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

The inspector was advised that staff training is being provided with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent changes in this area. In addition, staff received a privacy notice outlining their responsibilities under GDPR, which they have signed as read and understood. It was positive to note that service users were also given information on changes as the result of the introduction of GDPR.

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 equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult Safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users and staff on the day of inspection evidenced that they felt the service was well led. The following is a sample of comments made by staff:

- “I have no concerns raising any issues.”
- “I would be very comfortable to raise any concerns and I know I would be listened to.”
- “We have a list in the office of all Head Office contact numbers.”

Six service users and/or relatives returned questionnaires to RQIA. The six responses indicated that they were very satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in the domain 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 Deane McMorris, manager and the acting team leader, 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/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 (d)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</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>This specifically relates to ensuring the date Access NI checks are confirmed, maintaining a satisfactory written explanation of any gaps in employment and maintaining a statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The service has amended the Recruitment and Selection procedures to ensure that once a candidate has been medically screen via the health questionnaire they are signed off as mentally and physically fit to undertake the purposed work to which they have been employed.</p> <p>The service has amended the Access NI records held on the staff file to include the date when the access NI check was applied for.completed and date of renewal</p> <p>All gaps in employment history are recorded on to the recruitment scoring sheet to ensure the questions have been asked at the interview stage. The chair of the panel will record all responses pertaining to any gap in employment hoistory..</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 14.1</p> <p>Stated: Second time</p> <p>To be completed by: 18 October 2018</p>	<p>The registered person shall ensure that the agency's procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and the local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>This relates specifically to ensuring the inclusion of the associated Regional Policy's Operations Procedures, September 2016.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Potens Safe Guarding Audlts policy has been revised to include reference to the Regional Policy`s Operational Procedures, September 2016.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 10.4</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that information held on record is accurate, up-to-date and necessary.</p> <p>This relates specifically but not exclusively to the ensuring that handover reports and daily care records are maintained for all service users.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Team manager will check that all daily notes are completed in a timely manner and that handover reports are regularly checked for completion. The registered Manager will complete monthly quality checks to ensure that notes are completed daily and handover reports have been completed.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2018</p>	<p>The registered person shall ensure that mandatory training requirements are met for all staff. This relates specifically to those staff members for whom mandatory training was out of date on the day of inspection.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have now complete all elements of their manadatory e-learning training. Staff will be issued a letter to state that they will be suspended from duty if they do not complete thier mandatory training within the specified time period. The Registered Manager will report to the sernior management team each month on staff compliance with manadatory e-learning training.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care