

# Unannounced Care Inspection Report 17 July 2017



## Potens Domiciliary Care Agency

**Address: 32 Knockmore Road, Derrygonnelly BT93 6GA**

**Tel No: 028 6864 1857**

**Inspector: Joanne Faulkner**

[www.rgia.org.uk](http://www.rgia.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 in their own homes; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life. Staff are available to support tenants 24 hours per day.

The agency's registered premises are located within the same building as the service users' accommodation and accessed from a separate entrance. The service users' accommodation comprises of a shared bungalow.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Potens/Nicki Stadames (Registration pending-application received)	<b>Registered manager:</b> Deane McMorris
<b>Person in charge of the agency at the time of inspection:</b> Team Manager	<b>Date manager registered:</b> 09/09/2016

### 4.0 Inspection summary

An unannounced inspection took place on 17 July 2017 from 10.30 to 17.00.

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

Evidence of good practice was found in relation to staff supervision, appraisal and service user and stakeholder engagement.

Areas requiring improvement were identified in relation to staff recruitment, record keeping and a number of policies and procedures.

The comments of service users have been included in the relevant report sections.

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.

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

### 4.1 Inspection outcome

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	4

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge 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.

As a result of the inspection undertaken on 17 July 2017, the Regulation and Quality Improvement Authority (RQIA) had concerns that the quality of care and service within Potens Domiciliary Care Agency falls below the minimum standard expected with respect to staff recruitment procedures.

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was convened on 26 July 2017, at the offices of RQIA, to discuss with the responsible person (registration pending) and the registered manager RQIA's concerns in respect of Regulation 13 (d) Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

During the serious concerns meeting on 26 July 2017 the responsible person and the registered manager provided a full account of the actions taken to date and those that would be taken to ensure the minimum improvements necessary to achieve compliance with the regulations identified. Following the meeting the responsible person provided RQIA with a detailed action plan which included timescales for completion, and information that had been requested following the inspection in relation to the supply of domiciliary care workers. RQIA were assured that the agency had plans in place to achieve compliance.

RQIA will continue to monitor the quality of service provided in Potens Domiciliary Care Agency and may carry out an inspection to assess compliance with the Regulations.

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 9 May 2016**

No further actions were required to be taken following the most recent inspection on 9 May 2016.

#### **5.0 How we inspect**

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

- Discussion with the person in charge
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

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

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the person in charge, four service users and three staff.

The following records were viewed during and following the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Records of monthly audits
- Tenants' meeting minutes
- Staff meeting minutes
- Staff Induction records
- Staff Training records
- Records relating to Staff Supervision
- Records relating to Staff Recruitment
- Complaints records
- Incident records
- Records relating to Adult Safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Learning and Development Policy
- Supervision Policy
- Appraisal Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Complaints Policy
- Confidentiality Policy
- Equality and Diversity Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Questionnaires were provided by the inspector for completion during the inspection by staff and service users; no questionnaires were returned to RQIA. The inspector spoke to the team leader on 10 August 2017 who confirmed that questionnaires had been distributed to staff and service users.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection and to the registered person during the serious concerns meeting on 26 July 2017.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 9 May 2016

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

### 6.2 Review of areas for improvement from the last care inspection dated 9 May 2016

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

During the inspection the inspector reviewed that agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment; it was identified that the policy is required to be updated to make relevant reference to Access NI enhanced disclosure checks.

During the inspection the inspector reviewed records relating to staff recruitment and identified areas for concern in relation to the information provided. Records viewed indicated that a staff member had commenced employment with the agency prior to an Access NI certificate having been received. The person in charge stated that staff may on occasions commence employment prior to the outcome of their Access NI check being received. The inspector was informed that during this initial induction period staff would not be supplied to provide care to service users and would remain in the agency's office to complete induction training.

From the information provided, the inspector was unable to obtain assurances on the day of inspection that the staff member had not been supplied to work with service users prior to a satisfactory Access NI certificate being received by the agency. Following the inspection RQIA requested that the provider provide a written assurance that staff had not been supplied prior to receiving Access NI certificate; this has been received by RQIA.

The proximity of the registered office to the home of the service users was discussed and the potential that service users may have visited the office and thus had contact with staff for which the agency had not received confirmation of the outcome of their Access NI check.

In addition it was identified by the inspector that three of the six staff recruitment records viewed did not contain evidence of written references having been obtained. It was noted that on one occasion telephone references had been obtained however there was no record maintained of the date, time, person spoken to or feedback received. The inspector identified that there was no evidence of the steps taken to obtain two written references as required within the regulations.

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was convened on 26 July 2017, at the offices of RQIA, to discuss with the responsible person (registration pending) and the registered manager RQIA's concerns in respect of Regulation 13 (d) Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. At this meeting the responsible person (registration pending) was also reminded of their obligation to ensure that the records outlined in Regulation 21, Schedule 4 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 are available for inspection at all times.

During the serious concerns meeting on 26 July 2017 the responsible person and the registered manager provided a full account of the actions taken to date and those that would be taken to ensure the minimum improvements necessary to achieve compliance with the regulations identified. It was noted that an investigation into recruitment practices had been initiated by the registered manager immediately following the inspection. Following the meeting the responsible person provided RQIA with a detailed action plan which included timescales for completion, and information that had been requested following the inspection in relation to the supply of domiciliary care workers which provided assurances that the staff member had not been supplied prior to the completion of an enhanced Access NI check. It was identified that in future staff recruitment records would be reviewed and approved by the registered manager and the operations manager. The registered manager stated that staff would not complete their induction in the agency's office prior to pre-employment checks being satisfactorily completed.

RQIA were assured that the agency had plans in place to achieve compliance. RQIA will continue to monitor the quality of service provided in Potens Domiciliary Care Agency and may carry out a further inspection to assess compliance with the Regulations.

The agency's induction policy outlines the induction programme; it was identified from records viewed and discussions with the staff that agency staff are required to complete induction training prior to being provided to provide care. In addition it was noted that staff are required to complete an induction workbook and shadow other staff employed by the agency during their induction programme. The inspector discussed with the person in charge the benefits of recording the timescales for completion within the induction policy.

A record of the induction programme provided to staff is retained by the agency; those viewed by the inspector outlined the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles.

It was noted that relief staff are not accessed from another domiciliary care agency; the person in charge could describe the process for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job role.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in

charge. Service users and staff who spoke to the inspector felt that there are currently enough staff to meet the needs of the service users; they described how recent reorganisation of staff had enabled service users to have access to additional support to access additional activities. The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff could describe the benefits of supervision and appraisal.

The agency has a system for recording staff training; the administrator and person in charge could describe the process for identifying training needs. Staff were aware of their responsibility for ensuring that required training updates are completed. The inspector noted that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users.

The inspector viewed that agency's staff training matrix; they indicated that staff had completed relevant mandatory training. Staff who spoke to the inspector stated that they felt that their induction and training had equipped them with the knowledge and skills for their role.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation has recently updated their policy and procedures in relation to adult safeguarding; however it was identified that the policy is required to be reviewed to reflect information and terminology contained within the regional policy.

The agency has identified an Adult Safeguarding Champion (ASC); the agency's policy outlines the role of the ASC. The agency's policy and procedures outline the process for staff in reporting concerns. Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition an annual update.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. It was identified that the agency maintains a record of referrals made to the relevant Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has not made any referrals in relation to adult safeguarding since the previous inspection.

Service users stated that staff discuss their risk assessments and care and support plans with them. It was noted that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed six monthly or as required. The inspector viewed a range of risk assessments in place relating to individual service users.

The inspector viewed records and risk assessments relating to a practice deemed as restrictive and discussed the arrangements with the individual service user; it was noted that the practice had been discussed and agreed with the service user and their HSCT representative.



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; however a door linking to the home of the service users remains unlocked, the inspector noted that service users have agreed to this arrangement. The person in charge discussed plans for the relocation of the agency’s office to a site adjacent to the home of the service users.

**Service users’ comments**

- ‘It is very nice here.’
- ‘I am out a lot.’
- ‘I enjoy living here.’
- ‘We are safe.’
- ‘The staff are very good.’

**Staff comments**

- ‘Service users are safe here; they get out and about a lot; we are going to the beach today.’
- ‘Training is good.’
- ‘Things are much improved since the new management system was put in place.’

**Areas of good practice**

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

**Areas for improvement**

Areas for improvement were identified during the inspection in relation to staff recruitment, staff rota information and the agency’s safeguarding policy.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	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 Service User Guide.

The agency’s data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed both prior to and during inspection that they were maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed during the inspection were noted to be retained securely. The inspector identified from records viewed that a number of the records did not reflect the date the entry was made.

Service users stated that staff support them to be involved in the development of their care and support plans and that their choices are reflected.

Staff could describe the procedure for ensuring that service users are supported to be effectively engaged in the care planning process. From care plans viewed it was noted that service users are encouraged to sign their care plan to indicate that they have agreed the care to be provided.

The inspector reviewed the arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. It was identified that the team leader is required to complete a monthly audit report in relation to accident, incidents, complaints and views of service users. During the inspection the inspector was unable to view the records of quality monitoring visits completed by a senior manager as they are retained by the registered manager; these were provided to RQIA following the inspection.

Quality monitoring records viewed were noted to include details of the review of accidents, incidents or safeguarding referrals, staffing arrangements and financial management arrangements. In addition they records included comments made by service users, and where appropriate their representatives.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users and evidence that service users can access staff at any time.

The inspector noted that the agency facilitates bi-monthly staff meetings. Service user meetings are facilitated at the request of the service users; service users stated that they can discuss matters with staff on a daily basis and do wish to have formal meetings on a monthly basis. Service users who met with the inspector indicated that they are supported to attend service user meetings and provided with the opportunity to express their views and opinions.

The person in charge could describe the processes in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders.

### **Service users' comments**

- 'It is much better now since the new manager came.'
- 'We have been on holiday.'
- 'We go to the tenant's meeting we can bring up any issues with staff; they listen to you.'
- 'We are getting out more now since they reorganised the staff.'

### **Staff comments**

- 'The service users are involved in all decisions about their care.'
- 'We support service users to be independent and attend activities in the local community.'
- 'I am much happier now; things are much improved.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's review processes and communication with service users and other relevant key stakeholders.

### **Areas for improvement**

One area for improvement was identified during the inspection in relation to record keeping.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity and respect and to fully involve service users in decisions affecting their care and support.

It was identified from documentation viewed and discussions with staff that they received information relating to human rights and confidentiality during their induction programme. Observations made during the inspection and discussions with service users and staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

Staff and service users indicated that the care and support is provided in a person centred manner. Service users indicated that staff involve them in discussions relating to their care and support; staff could describe processes for supporting service users to make informed choices. The inspector noted that the agency has provided a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual care and support.

Records of service user and care review meetings viewed during the inspection, and reports relating to the agency's quality monitoring visits provided following the inspection were noted to contain comments made by service users and were appropriate relevant stakeholders.

The inspector viewed a range of documentation that indicated that the agency has systems to record comments made by service users and/or their representatives. Systems for effectively obtaining the comments and views of service users are maintained through the agency's complaints process; quality monitoring visits, care review meetings and service user meetings.

Service users who spoke to the inspector stated that they could speak to staff at any time and could describe the way in which staff supported them to live a fulfilling life and to participate in activities within the local community.

#### **Service users' comments**

- 'I speak to my keyworker if I am worried about anything.'
- 'I can choose what I want; I am much improved now.'
- 'Staff help us cook and go shopping with us'
- 'Staff are really, really good to us.'
- 'XXXXX is a saint; very kind and caring.'
- 'On a day that was to be very difficult for me staff had arranged to take me to Omagh for my lunch.'

**Staff comments**

- ‘Service users have choice; they decide what they want to do and where they want to go.’
- ‘We support service users to have a good quality of life and support them in all aspects of their life such as attending activities and relationships.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the agency’s systems for effectively engaging with service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by the registered managers and a team leader; staff could describe the process for obtaining support and guidance from a senior manager within the organisation at any time.

The agency has a range of policies and procedures noted to be reviewed in accordance with timescales outlined within the minimum standards; the person in charge stated that they are retained in a paper and electronic format. It was noted that staff are required to read a number of the agency’s policies on a monthly basis.

The agency has a process in place for reviewing information with the aim of improving safety and quality of life for service users. It was noted from records viewed and discussions with the person in charge that the agency’s governance arrangements promote the identification and management of risk; these include provision of relevant policies and procedures, regular audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency’s complaints policy outlines the procedure for managing complaints; it was noted that it is required to be updated to include relevant contact details of the NI ombudsman. Discussions with the person in charge and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received; service users could describe the process for making a complaint.

Discussions with the person in charge and records viewed during the inspection indicated that the agency had not received any complaints since the previous inspection. The inspector noted that the agency is required to make a quarterly return to the HSCT in relation to complaints.

The inspector viewed information that indicated that the agency has in place management and governance systems to monitor and improve quality; these include arrangements for monitoring incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate training, supervision and appraisal.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had an understanding of the responsibilities of their job roles; they indicated that both the manager and senior staff are supportive and approachable. Service users were familiar with individual staff roles and knew who to talk to if they had a concern. Staff could clearly describe the details of the agency’s whistleblowing policy.

The person in charge stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate; it was noted that a record is maintained by the agency’s administrator which includes copies of staff registration certificates and expiry dates. Discussions with the agency’s administrator and the person in charge provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The agency’s Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

**Service users’ comments**

- ‘Staff are great; we can speak to the manager.’
- ‘We have an agenda for the service user meeting; we are listened to.’

**Staff comments**

- ‘The manager is very supportive and approachable.’
- ‘I feel supported and valued in my role.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the management of incidents and collaborative working relationships with relevant stakeholders.

**Areas for improvement**

One area for improvement was identified during the inspection in relation to the agency’s complaints policy.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 person in charge, 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 to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## 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>Ref: Regulation 13.(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 September 2017</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>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has put systems and checks in place to ensure that no domiciliary care worker is supplied by the agency until full and satisfactory information is available.</p> <p>No new staff appointments will be made unless the Registered Manager or Operations Manager has viewed and signed all information outlined in Schedule 3.</p> <p>All information will be completed and held on the staff members file. A staff file audit check list will be completed by the Registered Manager and regular checks will be undertaken to ensure that all information is checked and correct.</p> <p>A full audit of all staff files has taken place to ensure that all required information highlighted within schedule 3 is in situ.</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 21.(1)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 October 2017</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>
--	--

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

All staff records will be held in a locked cabinet in the service office. All information pertaining to schedule 4 will be readily available in the service office. All paper copies of rotas to be retained in a rota file for inspection/auditing purposes, for a period of 12 months. All information will be held in accordance with the Potens retention and storage of information policy.

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

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 11.1</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</p>
--	--

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 October 2017</p>	<p>Access NI enhanced disclosure checks.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Potens Recruitment and Selection policy has been up dated on the 18<sup>th</sup> August 2017 to include reference to Access NI enhanced disclosure checks and procedures.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 October 2017</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><b>Response by registered person detailing the actions taken:</b> The Service has up-dated its Safeguarding Adults file to ensure that it complies with legislation requirements. Contents include:- Safeguarding referral contact details RQIA notification procedures Potens Safeguarding Policy The Safeguarding Champions role and responsibilities Local Health Authority Safeguarding Policy Adult Safeguarding Prevention and protection in partnership RQIA regulators Notification procedures/policy Lessons learnt process Monthly tracking review of folder (Manager dated / signed )</p> <p>The Potens Safeguarding Policy has been up dated to make reference to the Safeguarding Prevention and Protection in Partnership Policy.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 10.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 October 2017</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><b>Response by registered person detailing the actions taken:</b> The Registered Manager has completed a full audit of all staff files to ensure that all recruitment and selection information has been accurately recorded. A spread sheet has been develop to record when staff have applied for their Access NI check and when they have received clearance. In addition the spread sheet will monitor all staffs applications for NISCC registration and pin numbers. This information will also be held on the staffs individual file. All Access NI and NISCC registration information is also recorded on to the Potens caresys electronic recording system which alerts managers when staff Access NI are nearing there need to renew date (in advance of it elapsing) will elapse and when their NISCC registration will require renewing.</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 15.17</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 October 2017</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> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Potens Complaints Policy / Procedures have been updated on the 20<sup>th</sup> August 2017. This includes details of a complainant right to escalate their concerns to the NI Commissioners if they remain dissatisfied with the outcome of the Potens complaints handling.</p>
---	--

*\*Please ensure this document is completed in full and returned to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews