

Unannounced Care Inspection Report 29 April 2019



Potens Domiciliary Care Agency

Type of Service: Domiciliary Care Agency
Address: 32 Knockmore Road, Derrygonnelly, BT93 6GA
Tel No: 028 6864 1857
Inspector: Marie McCann

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Potens Domiciliary Care Agency provides care and support to service users living in their own homes or with their families in Derrygonnelly, Enniskillen, Londonderry and Strabane. The care and support provided 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. A team of 36 staff provide the care to nine service users living in two houses in Derrygonnelly, where staff are available to support service users 24 hours per day; in addition the agency provides an outreach service to 13 service users.

The agency's registered premises are located within the same building as the home of a number of service users and are accessed from a separate entrance.

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: Acting manager since 9 September 2016

4.0 Inspection summary

An unannounced inspection took place on 29 April 2019 from 09.45 to 18.15.

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

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, regular evaluation of care records and the focus on service user outcomes within care reviews. Further areas of good practice were also noted in regard to communication between service users, agency staff and other key stakeholders; the provision of compassionate care; policies and procedures; and complaints management.

Areas requiring improvement were identified in relation to: recruitment practices, maintaining a record of all communications made in respect of a service users, the timely reporting of incidents, service user engagement in relation to care records and the reports of monthly quality monitoring visit.

There was evidence identified throughout the inspection process that the agency promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, privacy, confidentiality and service user choice.

Service users' comments included:

- "It's nice, I like living here."
- "I would talk to staff if I'm worried about anything."
- "The staff are really good to me and help me with my illness."
- "I was able to make my room my home and decide how to decorate it."
- "I am happy here."
- "Staff listen to me."

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	*2	3

*The total number of areas for improvement includes one area stated for a third time.

Details of the Quality Improvement Plan (QIP) were discussed with Deane McMorris, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 23 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 August 2018.

5.0 How we inspect

Prior to the inspection the inspector reviewed the following information:

- unannounced care inspection report and QIP dated 23 August 2018
- incident notifications that had been reported to RQIA since the last care inspection
- information and correspondence received with regards to the agency since the last inspection

During the inspection the inspector met with the manager, four service users and three care staff.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

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

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Six responses were received in time for inclusion in this report.

Five of the responses indicated that the service users were either satisfied or very satisfied that care provided was safe and effective, with a sixth respondent indicating that they were undecided; however this respondent commented: “The staff are very friendly and caring people.” “The staff take all my problems and sort them fairly.”

All six of the responses indicated that the service users were either satisfied or very satisfied that care provided was compassionate. One service user commented: “I would like to say that staff do a lot more than help me in my flat. I have been away on holiday... and had a good time with staff.”

Five of the responses indicated that the service users were either satisfied or very satisfied that agency was well led, while a sixth respondent was undecided.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced care inspection dated 23 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: Second time</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>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of recruitment records relating to three recently recruited staff members identified that this area for improvement had been partially met.</p> <p>It was noted that a record was maintained of</p>	

	<p>the date on which Access NI checks were confirmed. However 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 was completed on one record only and the statement was not signed by the appropriate person. In addition it was identified that a satisfactory written explanation of gaps of employment was not available and a written reference from a staff member's previous employer was also not available in one record.</p> <p>This matter was discussed further with the responsible person and manager on 30 April 2019 and RQIA sought assurances that the responsible person would undertake an immediate review of the agency's recruitment processes to ensure that compliance with the regulation is achieved.</p> <p>In addition, an area for improvement will be made in regard to requiring the registered person to forward the monthly quality monitoring visit reports to RQIA until further notice. The responsible person has been requested to ensure that the reports include a detailed review of the agency's recruitment processes and an audit of recruitment records.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 14.1 Stated: Second time	<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>Action taken as confirmed during the inspection: It was identified that the agency's adult safeguarding policy had been updated to direct staff to review the regional policy's Operations Procedures September 2016. A copy of the procedures is available for staff in the agency's office.</p>	<p style="text-align: center;">Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 10.4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that information held on record is accurate, up-to-date and necessary.</p> <p>This relates specifically but not exclusively to the ensuring that handover reports and daily care records are maintained for all service users.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A sample of staff handover reports from 20 April 2019 to 29 April 2019 were reviewed and evidenced that a daily record was maintained for all service users. This area for improvement has been assessed as being met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of staff training records and discussion with the manager established that arrangements were in place for staff who were due training updates. The manager monitors compliance with staff training on a monthly basis as part of monthly report to the organisation's senior management team.</p>		

6.2 Inspection findings

6.3 Is care safe?

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

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

As outlined in section 6.1, further improvements are required in the agency's recruitment processes to ensure they are fully compliant with Regulation 13. RQIA will continue to monitor the responsible person's actions to ensure compliance through review of the agency's monthly quality monitoring reports which are required to be forwarded to RQIA until further notice.

Discussion with the manager and a review of three staff induction records evidenced that staff received an induction in excess of the minimum three days which are required by the regulations. The records demonstrated that the newly recruited staff induction programme is reviewed at specific intervals to ensure staff had completed the necessary elements of the agencies induction programme. The inspector advised that the template is amended to ensure staff sign their full name as each component of the induction programme is completed; the manager agreed to action this.

The induction programme provided staff with the opportunity to shadow experienced staff to become familiar with the needs of the service users they would be supporting. In addition it highlighted important information which was shared with staff, such as safeguarding policy and procedures, whistleblowing, complaints, fire safety, health and safety and medication management. As a result of lessons learnt following a complaint, the agency have implemented a system to review and report on the completion of each stage of the induction process with individual staff members to ensure all staff receive a full induction.

Discussions with a newly recruited staff member 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. Staff comments included: "My induction was really good. I was given time to get to know service users and for them to get to know me.", "We talked through scenarios, observed practice of other staff and I was given time to consider how I would have responded, the manager really encourages reflective practice."

The inspector viewed the agency's system to ensure that staff receive appropriate training to fulfil the duties of their role. Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role. It was positive to note that the agency provided training in regard to equality and diversity, mental capacity and deprivation of liberty. A new training module for autism awareness is currently being rolled out for all staff.

On the day of inspection no concerns were raised with the inspector in relation to the service users' needs being met. Staff confirmed that they felt care was safe. Discussion with staff and service users confirmed that there were sufficient numbers of staff deployed to ensure the needs of service users as outlined in their care plans were achieved and their rights were promoted. Staff comments included: "We start the day with asking tenants what they want or need to do."

Service users were also able to describe how staff supported them to attend appointments, work placements and how one to one time with staff enabled them to engage in activities of their choosing in the local community. This evidenced that support planning and service provision is undertaken with a focus on the rights of service users, which promotes service users' choice and independence.

The manager described how the agency employs and trains a number of bank staff to support the agency in the event of unforeseen circumstances. The manager stated that this ensures that bank staff are aware of service users' needs and service users are familiar with them.

The manager is the agency's identified Adult Safeguarding Champion (ASC) and he confirmed that there had been no adult safeguarding referrals or investigations since the last inspection. The inspector noted that the agency's last safeguarding position report was completed in February 2018 and that the ASC was in process of completing the current position report. Discussions with staff during the inspection demonstrated that they were aware of their roles

and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns about poor practice, and had effective access to management support and advice including provision of out of hour's support. They were aware of the agency's whistleblowing policy and were able to access it. Staff comments included: "There is out of hours support; I have always been able to contact the manager or team leader out of hours if needed to."

On the day of the inspection, discussion with staff and observations of them supporting service users did not highlight any areas for improvement regarding their practice. Staff demonstrated a clear understanding of individual needs of service users' and how they should be met. Observation of staff interactions with service users revealed that they promoted open and supportive communication opportunities to assist service users with maximising their independence.

Staff consulted with were knowledgeable about the human rights of service users and the potential impact of any restrictive practices. The manager advised that no restrictive practices were required other than to support some service users with the management of their finances and these arrangements had been agreed in consultation with each service user and multi-disciplinary team. There was also evidence that this was reviewed regularly.

The agency's governance arrangements that identify and manage risk were discussed and reviewed. Staff described how they support service users to make informed decisions and proactively take appropriate measures to promote the safety and wellbeing of the service users. Staff acknowledged that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Staff are required to record any incidents and accidents on an electronic system which is then reviewed and audited by the manager and the agency's health and safety team. In addition, all incidents and accidents are reviewed within the manager's monthly report and as part of the monthly monitoring visit undertaken by the responsible person. This enables the agency to monitor for any trends and patterns and to determine subsequent actions.

A review of a sample of incidents from January 2019 to March 2019 and discussion with the manager identified that appropriate follow up actions had been taken. However, a record was not always maintained within the service users' file of the communications with others in respect of the incident. The inspector identified that all communications including emails in respect of service users should be recorded/retained in their individual care records to maintain a contemporaneous and accurate record. An area for improvement was made in this regard.

In addition, the inspector discussed with the manager two incidents which occurred in 2018 which not been reported in a timely manner to the relevant Health and Social Care Trust (HSCT) representative. An area for improvement was made in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of adult safeguarding and staff training.

Areas for improvement

Two areas for improvement were identified during the inspection in regard to maintaining a record of all communications made in respect of individual service users and the timely reporting of incidents to the relevant HSCT representative.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 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.

The inspector reviewed two service users' care records; they were noted to be maintained in an organised manner and retained securely. The care records included referral information, multi-disciplinary assessments, risk assessments and care plans. Care plans and risk assessments were noted to be comprehensive, with regular evidence of evaluation.

There was evidence of the best interests of service users being considered whenever the service user lacked sufficient mental capacity in relation to managing their finances in consultation with the HSCT. In such instances, a financial risk assessment had been completed and a finance management plan put in place. In addition, one of the records viewed recognised the specific communication needs of a service user and how to include the service user in decision making.

There was evidence in care records reviewed that service users rights were recognised; for example, the inspector noted a number of consent forms signed by a service user with regard to staff administering medication, supporting with finance management and consent for entering the service user's room. However, there was inconsistent evidence to indicate service user consultation/involvement in care planning and risk assessments, as a number of records had not been signed by the service user or their representative to evidence agreement. The manager acknowledged that care planning and risk assessment documentation could be further developed to ensure that service users are provided with information in a suitable format. This will promote meaningful engagement with service users and empower them to be involved as fully as possible in the decision making process regarding their care and support plan. An area for improvement was made in this regard.

Discussions with service users and staff during the inspection and observation of their interactions evidenced that service users are very much empowered to express their views routinely on a day to day basis. Staff comments included: "Tenants are encouraged to talk with staff about any concerns they have and I see them doing that regularly. They know to talk to the manager if they are not happy about something.", "Tenants would often ring their social workers themselves if they are unhappy with anything." and "You are mindful to ensure tenants are provided with private space to talk."

The manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives and records viewed verified this. It was good to note that service users’ previous objectives were reviewed and new objective’s set and agreed at the care reviews. This supported the service user and agency to review and measure outcomes for the service users.

Discussions with the manager and staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users. Staff comments included: “Any change in tenants’ needs are shared with staff during the handover.”

The inspector noted that the agency is currently using a combination of paper and electronic records to record daily the care provided to service users. While no concerns were noted, the inspector discussed with the manager the benefits of using one system for documenting the delivery of care and support to service users on a daily basis. Such an approach may help to further ensure that such records are maintained in an accurate, contemporaneous and easy to reference manner at all times.

The inspector confirmed with the three service users spoken with during the inspection that they had no matters arising regarding the support being provided by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the regular evaluation of care records, and the focus within care reviews of outcomes for service users, communication between service users and agency staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in regard to obtaining service users’ signatures on relevant care records and ensuring records are meaningful to the service users.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

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

Observations of staff and service users during the inspection found that staff communicated respectfully with service users. Service users were observed freely approaching staff to ask for assistance and for a chat.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users. Staff comments included: “I really enjoy this job; it’s about supporting the tenants to live their life and promoting their independence.”, “The tenants are always involved, nothing is enforced.” and “I always encourage tenants to talk about anything they are not happy about, I

would encourage a tenant to write down any issues of dissatisfaction or complaint and share with the manager in the first instance. I also let them know they can also report any issues to RQIA or others.”

In addition to the day to day informal arrangements the agency also has a process in place for listening and responding to service users’ views, through methods such as care reviews and annual satisfaction questionnaires. It was positive to note that the agency is reviewing methods for improving feedback from service users receiving outreach support due to poor return rates of recently distributed questionnaires.

Staff identified the importance of promoting independence and social inclusion of service users to encourage a sense of wellbeing. They described the choices and flexibility service users could exercise while having access to the support of the staff team who were responsive to their needs. For example, service users had access to individual holidays with the support of staff, with destinations being chosen by the service users. Service users also confirmed that they were given choice in decorating their rooms and making them “home.”

Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. Staff comments included: “The need for confidentiality is always stressed by the organisation.”, “There is a big focus on confidentiality.” and “They (tenants) receive good support, ensuring they are in agreement and they consent to everything we support them with, is essential.”

The inspector noted that the agency’s service user guide included details on how to raise a concern or complaint with regard to the quality of care provided. The inspector suggested that the service user guide was updated to include the role and contact details of the Patient and Client Council and any other relevant advocacy services and the manager has agreed to action this.

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

6.6 Is the service well led?

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

The inspection assessed the agency’s arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The agency is currently managed by Deane McMorris who is also the agency's area manager, while the recruitment process for a registered manager is ongoing. The agency continues to regularly update RQIA regarding the progress of this recruitment process.

Discussions with staff evidenced a clear understanding of their roles and responsibilities in the agency. Staff verified that they had access to regular supervision and staff meetings and that there were good working relationships within the agency and that management were responsive to suggestions and /or concerns raised. Staff comments included: "The current staff team is very good.", "There is good communication between the team, coming on duty you review the communication book, diary and handover record and are fully updated; I've no concerns."

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff and that they were discussed during staff induction and were easily accessible within the agency office. Staff comments included: "We review all the policy and procedures during induction but can look at them at any time to refresh ourselves."

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A sample of reports were reviewed for December 2018, January 2019, February 2019 and April 2019, which evidenced a review of the conduct of the agency and consultation with service users and other stakeholders. As outlined in section 6.2, the agency is required to provide RQIA with assurances that the responsible person will monitor compliance with Regulation 13 with immediate effect. The agency are required to forward a copy of the monthly quality monitoring visit report to RQIA until further notice. An area for improvement was made in this regard.

The manager confirmed that the agency maintains and implements a complaints policy. The complaints/compliments log was viewed, it was noted that since the last inspection a range of complaints/compliments have been received. Discussion with the manager and review of sample of complaints supported appropriate procedures in place and actions taken.

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. The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used to develop person centred care plans.

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

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to good working relationships and complaints management.

Areas for improvement

An area for improvement was identified in regards to the submission of monthly quality monitoring visit reports.

	Regulations	Standards
Total number of areas for improvement	1	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, 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: Third time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</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: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>At the point that all safer recruitment procedures are complete, before the final agreement for starting is given to the staff member, the Registered Manager and / or the Responsible person will undertake a full file review and decision sign off.</p> <p>During the subsequent provider visit, a full review of all new starters files will be undertaken and findings recorded.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 23 (2) (3),</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>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.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Responsible person will forward the Monthly Provider report each month after the visit and review of the record has taken place.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standards 10.4</p> <p>Stated: First time</p> <p>To be completed by: 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"> • contact between the agency and primary health and social care services regarding the service user; • contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user; and • incidents, accidents or near misses occurring and action taken. <p>Ref: 6.3</p>
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	<p>Response by registered person detailing the actions taken: A communication file has been set up in each tenancy to record all telephone contact with primary health and social carer workers. The communication file will also be used to capture correspondence with service users representatives or carers regarding any matter or concerns pertaining to the person being supported health and well being. The communication log is a logging system for when live communication is received / made against every person we support to enable defensible documentation and tracking of communications held.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p> <p>To be completed by: 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>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All incidents and changes relating to the health and wellbeing of the services users will be reported to the relevant HSC Trust member. At the earliest possible time. A formal record of contact had been introduced ahead of the inspection and will be completed in each case and kept within the communication file until the matter is closed and the data transferred onto caresys / the individuals file.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 1.1</p> <p>Stated: First time</p> <p>To be completed by: 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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Managers has audited all tenants files to ensure that all care plans and risk assessments have been appropriately signed by the tenants that have mental capacity to do so. In the absence of mental capacity the Registered Manager will ensure that relative or family have been consulted during process and sign on behalf of their relative. An accessible standard assessment / statement will be conducted with all tenants and the findings of this, alongside the evidence of the alternative options, such easy read documentation, will be used and available to ensure and demonstrate the promotion of the tenants rights.</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