Unannounced Care Inspection Report
13 June 2017

Clare House

Type of Service: Domiciliary Care Agency
Address: 51 Chanterhill Road, Enniskillen, BT74 6DE
Tel No: 02866326361
Inspector: Amanda Jackson

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

Clare House is a domiciliary care agency of a supported living type which provides services to 26 service users living at two locations and who require care and support care with mental health wellbeing. Service users live in their own homes and have the use of communal indoor and outdoor space. The acting manager leads a team of eleven support staff who provide personal care services and support to maintain a tenancy.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care (HSC) Trust **Responsible Individual:** Mrs Elaine Way CBE	**Registered Manager:** Mrs Annette Donnolly (Acting)
Person in charge at the time of inspection: Senior support worker	**Date manager registered:** N/A

4.0 Inspection summary

An unannounced inspection took place on 13 June 2017 from 09.45 to 15.45 hours.

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 service delivery, staff supervision and appraisal and was supported through review of records at inspection and during feedback from service users, relatives, trust professionals and feedback from staff on inspection.

A number of areas requiring improvement were identified during the inspection regarding procedures, processes and records to be maintained in support of staff induction and training. A number of guiding documents including the statement of purpose and service user guide and agreement require review and implementation alongside consistent quality review of service user support needs and annual quality review processes. A range of areas for improvement have been identified in accordance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. All matters identified during the inspection were discussed with the senior support worker. Further communications with the acting manager and senior trust managers took place post inspection to ensure the areas requiring improvement are reviewed within the specified timeframes stated on the Quality improvement plan. Assurances were provided that the acting manager position would be notified to RQIA and that recruitment processes were currently underway to fill the managers' position at Clare House.

Service users and relatives spoken with by the inspector, generally spoke well of the service provided by Clare House in regards to safe, effective, compassionate and well led care. Examples of good practice were highlighted alongside a number of areas which service users requested more support with, these included being supported to go out more and better communication with relatives regarding service users' support needs. All matters were discussed during inspection feedback for review.

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	3	7

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 21 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 February 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:

- Previous inspection report and quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

Following the inspection the inspector spoke with three relatives, by telephone, on 13 June 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Support with personal care
- Assistance with meals
- Social support
- Support with medication management.

During the inspection the inspector met with six staff.

The following records were examined during the inspection:

- Recruitment (appointments and selection) policy and procedure
- One staff member's recruitment record
- Induction procedure
- One staff members' induction and training records
- Supervision policy and procedure

- Appraisal policy and procedure
- Three long term staff members' supervision and appraisal records
- Three long term staff members' training records
- Staff duty rotas
- Staff meeting minutes
- Staff disciplinary policy and procedure
- Adult safeguarding policy and procedure
- Whistleblowing policy and procedure
- Support planning pathway guidance document
- One new service user record regarding referral, assessment and care plan information, service user guide and agreement information
- Two long term service users' records regarding review and quality monitoring
- Statement of purpose
- Service user handbook
- Service user meeting minutes
- Quality assurance policy and procedure
- Data Protection & Confidentiality Policy
- Three monthly monitoring reports
- WHSCT annual quality report 2016
- Communication records with trust professionals through annual review
- Complaints policy and procedure and the WHSCT complaints leaflet
- Staff handbook.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 February 2017

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 21 February 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**
Requirement 1 **Ref**: Regulation 16 (2)(a) **Stated:** First time	(2) The registered person shall ensure that each employee of the agency – (a) receives training and appraisal which are appropriate to the work he is to perform This requirement relates to the provision of appraisal for all staff.	**Met**
	Action taken as confirmed during the inspection: Review of three staff appraisal records confirmed compliance with staff appraisal procedures.	
Requirement 2 **Ref**: Regulation 16 (4) **Stated:** First time	(4) The registered person shall ensure that each employee receives appropriate supervision. This requirement relates to the provision of supervision for all staff.	**Met**
	Action taken as confirmed during the inspection: Review of three staff supervision records confirmed compliance with staff supervision procedures.	

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 inspector was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by the staff at Clare House. New support staff are introduced to the service during induction shadowing; this was felt to be important in terms new staff having knowledge of the required care and support.

No issues regarding the carers' training were raised with the inspector by the relatives.

All of the relatives interviewed confirmed that they could approach the support staff if they had any concerns. Examples of some of the comments made by the relatives are listed below:

- "xxx is very well settled at Clare House."
- "No issues."
- "Very satisfactory."

A range of policies and procedures were reviewed relating to staff recruitment and induction. The inspector found these policies to be up to date and compliant with related regulations and standards. The training and development trust strategy was reviewed during inspection. A local training and development policy is required relating to mandatory training for staff within the service; an area for improvement has been stated.

One file was reviewed relating to a recently appointed staff member. Other staff working within the service have been employed long term. The senior support worker verified all the pre-employment information and documents would have been obtained as required through the trust recruitment process. Review of one record post inspection confirmed compliance with Regulation 13 and Schedule 3.

An induction programme had been completed with the staff member but did not incorporate elements of the Northern Ireland Social Care Council (NISCC) induction standards workbook. The inspector discussed full implementation of the NISCC induction standards for all future staff given that staff registration with NISCC is now mandatory. An area for improvement has been stated.

Review of one staff file supported an induction process outlined to last three days but the process had been signed off on one day. Shadowing shifts are not reflected within the process and all mandatory training was not clearly evidenced within the record reviewed to confirm compliance with Regulation 16(5) (a). Discussion with the said staff member during the inspection day confirmed they had received a comprehensive induction programme. Long term staff spoken with confirmed the induction process inclusive of training and shadowing. An area for improvement has been stated. Discussions with the senior support worker and other support staff confirmed all staff members' are registered with NISCC and a system is in place to review staff renewal of registration. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

One of the three support staff spoken with during inspection had been recruited within the past year. The staff member described their recruitment and induction training processes in line with the agency procedures however, the records did not support the induction process in compliance with Regulation 16(5) as outlined above and an area for improvement has been stated. Staff spoken with at inspection were also able to describe their registration process with NISCC and what registration with NISCC initially entails and requires of staff on an ongoing basis.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency has not developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'); an

area for improvement has been stated. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection where knowledgeable regarding their roles and responsibilities in regard to safeguarding but were unfamiliar with the new regional guidance and revised terminology.

The inspector was advised the agency has not had any safeguarding matters since the previous inspection; discussion with the senior support worker suggested this staff member had appropriate knowledge in addressing matters when they arise. Staff spoken with during inspection also presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process. The adult safeguarding champion (ASC) was not detailed within the current policy and procedure which has been stated for review.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through the HSC trust training team. Staff who are responsible for administration of medications are also assessed during practical sessions on medication administration within service users' homes. Evidence of these assessments where contained within one of two staff files reviewed during inspection and were discussed with the senior support worker for review post inspection. Assurances were provided that the assessment for the second staff member and other staff had been completed. Discussion during inspection with nursing and support staff confirmed satisfaction with the quality of training offered.

Records reviewed for four staff members evidenced mandatory training, supervision and appraisal as compliant with agency policy timeframes however full records of staff training in compliance with standard 12.7 were not found to be compliant; an area for improvement has been stated. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes.

The senior support worker confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of two service users' records evidenced annual review processes however records had not been signed by all people involved including the service users. Service users spoken with during inspection confirmed they are involved in annual reviews with the support staff and trust professionals. Review of service user support plans during inspection did not support a continuous review process at specified timeframes and a range of support plans reviewed were significantly out of date in respect of reviews. Discussions with service users during inspection did not support a process of ongoing review regarding their support needs. Discussion with one relative post inspection also requested involvement in review of their relatives support plan. This feedback was shared during inspection feedback; an area for improvement has been stated.

The senior support worker confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was reviewed during inspection within review meeting minutes.

Service users and relatives spoken with by the inspector, discussions with staff and review of agency rotas suggested the agency have some current difficulties with appropriate staffing levels in various roles to meet the needs of their service user group. Current staff shortfalls are

being met by the agency's own bank staff with further planned recruitment over the coming months.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Four staff questionnaires received confirmed that update training, supervision and appraisal had been provided on a regular basis. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Areas of good practice

There were examples of good practice reviewed and discussed during the inspection in relation to staff recruitment, supervision and appraisal.

Areas for improvement

A number of areas for improvement were identified during the inspection and included procedural updates in compliance with safeguarding regional procedures and updated staff training in the area of safeguarding in line with the revised procedures. A procedure for staff training has been identified for development alongside records maintenance for all staff training in accordance with standard 12.7. Staff induction records have been identified for improvement to ensure compliance with the required regulation. Inclusion of service users and relatives (as appropriate) within ongoing review of service users care and support needs has also been highlighted.

	Regulations	Standards
Total number of areas for improvement	2	4

6.5 Is care effective?

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

The inspector was informed by the relatives interviewed that there were no concerns regarding the support being provided by the staff at Clare House. One relative advised that they would appreciate more communication from the staff regarding their relative and would like to be included in the review of their relatives support needs. This matter was shared with the senior support worker post inspection and it was confirmed this would be taken forward.

No issues regarding communication between the service users, relatives and staff from Clare House were raised with the inspector with exception to the matter highlighted above. Reviews were highlighted by service users who stated they were not involved in reviewing their support needs on a formal basis with their keyworker, an area for improvement has been stated as detailed under the above section 'Is care safe'. The relatives spoken with were unable to confirm that they had received a questionnaire from the agency to obtain their views on the service as part of the annual review process. Discussion with the senior support worker and communication with the manager post inspection confirmed an annual quality review of the service is undertaken only in the context of the overall trust wide review. An area for improvement has been stated.

Examples of some of the comments made by the relatives are listed below:

- "They ask xxx what they like; xxx gets on well with staff."
- "The communication is good.
- "Very satisfactory."

Service user records viewed included referral information received from the appropriate referring professionals and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary. The reviews completed by the agency annually with the trust evidenced that service users' views are obtained and where possible incorporated however one relative did request inclusion in the review process and this was shared with the senior support worker post inspection. Review of support plans within the agency where not found to be ongoing and consistent. Discussion with service users during inspection did not support inclusion in this process, an area for improvement has been stated as detailed under the above section 'Is care safe'.

The service user guide/handbook was reviewed during inspection and requires review in accordance with standard 2.2. The guide is not currently issued to service users during their introduction to Clare House. An area for improvement has been stated. Review of service user agreements during inspection and discussion with the senior support worker also confirmed service users do not receive this information at the commencement of their service; an area for improvement has been stated.

The agency maintains recording sheets in each service users' home file on which support staff record their visits. The inspector reviewed three completed records during inspection and found good standards of recording.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care and support needs on an annual basis with the trust. Service users spoken with confirmed involvement in this process although records were not found to be signed off by all involved in the review, this was discussed during inspection with the senior support worker. One relative stated they would like to be included in communications and reviews regarding their relatives support needs and this feedback was shared with the senior support worker post inspection. Ongoing review of the service users support plans within Clare House was not evidenced consistently during inspection and an area for improvement has been stated as detailed under the above section 'Is care safe'.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff interviewed discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Questionnaires or surveys are not provided for service users and relatives to give feedback on a rolling annual basis. This process and standard 8.12 was discussed with the senior support worker during the inspection in terms of the annual quality review. The inspector also discussed how the annual quality process should be inclusive of all stakeholders (staff and trust professionals) and the report outcomes shared with service users, relatives, staff and trust professionals. An area for improvement has been stated.

Four staff questionnaires received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them. One staff commented, 'Care/support plans are reviewed on a six monthly rota or more frequently if needed'.

Areas of good practice

There were examples of good practice found during the inspection in relation to support provided by staff and communication between service users, agency staff and other key stakeholders.

Areas for improvement

A number of areas for improvement where identified during the inspection and have been stated under the previous section is care safe. A number of further areas for development include updating of the service user guide and agreement and providing the updated document to all new service users. Completion of an annual quality review process with all service users, relatives, staff and trust professionals has also been stated as an area for improvement.

	Regulations	Standards
Total number of areas for improvement	1	3

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.

All of the relatives interviewed by the inspector felt that care was compassionate. The relatives advised that support staff treat the service users with dignity and respect, and care and support provided is generally of a good standard. One relative raised a few matters which they would like to see further progress on and these were shared with the senior support worker post inspection.

Views of service users and relatives are not currently sought through an annual review process as detailed under the previous section. An area for improvement has been stated. Examples of some of the comments made by the relatives are listed below:

- "I couldn't manage without the service."
- "xxx is happy living there."
- "xxx is very well supported and gets out and about."

The agency does not consistently implement service user quality review practices on an ongoing basis; an area for improvement has been stated as detailed under the above section 'Is care safe'. Quality monitoring from contacts during monthly quality reports evidenced positive feedback from service users and their family members alongside trust professionals and staff feedback.

Discussion with the senior support worker during the inspection highlighted no concerns regarding staff practice. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding, the senior support worker discussed processes used to address any matters arising.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users' wishes, dignity and respect.

Four staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care. One staff commented, 'The wishes and views of all service users are taken into consideration daily and are paramount to the care delivered. Unfortunately as with all places we cannot meet every wish or eventuality due to lack and constraint in resources'.

Areas of good practice

There were examples of good practice found during the inspection in relation to the provision of compassionate care which were discussed by service users and relatives with the inspector. Staff discussions supported a good understanding in the area of compassionate care.

Areas for improvement

Two areas for improvement were identified during the inspection and have been reflected in the previous sections regarding review of service users support needs and implementation of the annual quality review process.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns were made regarding the service or management.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Acting manager, Ms Annette Donnelly, the agency provides domiciliary care/supported living to 26 adults living at Clare House.

Review of the statement of purpose and discussion with the senior support worker and staff evidenced that there was a clear organisational structure within the agency. Staff where able to describe their roles and responsibilities and where clear regarding their reporting responsibilities in line with the agency procedures. The statement of purpose will require updating when a new

registered manager is appointed and also regards the services covered under the current registration, this was discussed during inspection and assurances provided by the senior support worker that review would take place.

The Statement of Purpose and Service User Guide both require review to ensure compliance with the relevant standards and regulations. The agency's complaints information viewed was found to be appropriately detailed, including the contact information of independent advocacy services.

The policies and procedures which are maintained in paper format were reviewed and the contents discussed with the senior support worker. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis.

The complaints log was viewed for 2016-2017 to date, with no complaints arising.

Discussion with the senior support worker confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No safeguarding matters or incidents have occurred since the previous inspection.

The inspector reviewed the monthly monitoring reports for January, April and May 2017. The reports evidenced that the acting manager from another WHSCT supported living service is delegated to complete this process. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and commissioners.

Three support staff spoken with during inspection indicated that they felt supported by their manager and senior staff. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need.

The inspector was informed by the senior support worker that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all staff are registered with NISCC and this was confirmed by the senior support worker. Procedures were also discussed to ensure staff renewing registration are kept under review.

Four staff questionnaires received indicated the service is well led with staff indicating satisfaction with the agency management systems. One staff commented, 'Staffing levels are an ongoing issue as yet staff that have retired have not been replaced but this will hopefully be addressed soon.'

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring processes and maintaining good working relationships with all key stakeholders.

Areas for improvement

A range of areas for improvement were identified during the inspection and have been detailed under the previous three sections to ensure the service is well led in the future.

	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 the senior support worker as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/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 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 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.

Area for improvement 1 **Ref**: Regulation 16(5) **Stated:** First time **To be completed by:** With immediate effect from the date of inspection	(5) Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that— (a) a new domiciliary care worker ("the new worker") is provided with appropriately structured induction training lasting a minimum of three full working days; and (b) during that induction training— (i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person; (ii) a member of staff ("the staff member") who is suitably qualified and experienced, is appointed to supervise the new worker; (iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty; and (iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties. Ref: 16(5)(a), (b)(i),(ii),(iii),(iv)
	Response by registered person detailing the actions taken: A new three day induction programme is currently being implemented in Clare House to incorporate the recommendations identified. New staff will be partnered with a more experienced staff member and observed completing relevant support to tenants.
Area for improvement 2 **Ref:** Regulation 15 **Stated:** First time **To be completed by:** 13 September 2017	The registered person shall— (a) make the service users' plan available to: (i) the service user; (ii) any representative of a service user who was consulted on its preparation or revision; (b) keep the service user plan under review; (c) where appropriate, and after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service users' representative, revise the service user plan; and (d) notify the service user or, where applicable, the service users' representative, of any such revision.
	Response by registered person detailing the actions taken: All support plans are drawn up in partnership and collaboration with tenant . Representatives or family members can only become involved in support planning if the tenant has expressed agreement. Staff will

	incorportate RQIA recommendations and invite relatives to be an active participant in any forthcoming support planning and reviewing. If tenant wishes otherwise it will be recorded on support plans. Support plans are reviewed on a 6 monthly basis or more often if required. A copy of support plans will be made available to tenants or representatives if authorised.
Area for improvement 3 **Ref:** Regulation 6 **Stated:** First time **To be completed by:** 13 September 2017	**6.**—(1) The registered person shall produce a written service users' guide which shall include— (a) a summary of the statement of purpose; (b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate; (c) a summary of the complaints procedure established in accordance with regulation 22; and (d) the address and telephone number of the Regulation and Improvement Authority. (2) The registered person shall supply a copy of the service users' guide to the Regulation and Improvement Authority and every service user and, upon request, to the service users' representative.
	Response by registered person detailing the actions taken: New statement of purpose and service users guide will be introduced to meet areas identified when new manager Ms O. McConkey takes up post at beginning of September 2017.l
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011.	
Area for improvement 1 **Ref**: Standard 9.1 **Stated:** First time **To be completed by:** 13 September 2017	The registered person shall ensure policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements. Ref: Staff training policy and procedure
	Response by registered person detailing the actions taken: All policies, procedures and legislation are now up to date and displayed in lower office for all staff to easily access.
Area for improvement 2 **Ref**: Standard 12.1 **Stated:** First time **To be completed by:** 13 September 2017	Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.
	Response by registered person detailing the actions taken: All newly appointed staff will meet NISCC guidelines on induction standards to ensure they are competent to carry out the duties of their job.

Area for improvement 3 **Ref**: Standard 14.1 **Stated:** First time **To be completed by:** 13 September 2017	The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.
	Response by registered person detailing the actions taken: Current procedures re vulnerable adults up to date and training completed in accordance with WHSCT requirements for all staff
Area for improvement 4 **Ref**: Standard 12.7 **Stated:** First time **To be completed by:** 13 September 2017	A record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes: • the names and signatures of those attending the training event; • the date(s) of the training; • the name and qualification of the trainer or the • training agency; and • content of the training programme.
	Response by registered person detailing the actions taken: New staff files will be developed for each individual staff member to include certificates etc. Individual training records are also maintained on HRTPS system. Names, qualification, training agency and content of training programmes are available through CEC website.
Area for improvement 5 **Ref**: Standard 8.12 **Stated:** First time **To be completed by:** 13 December 2017	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.
	Response by registered person detailing the actions taken: No formal process currently exists for individual units to monitor their service. Head of Service will work with existing managers to develop a monitoring/evaluation report. All units will be required to use a Trust approved format.
Area for improvement 6 **Ref**: Standard 2.2 **Stated:** First time **To be completed by:** 13 September 2017	The service users' guide contains information on the following: • a summary of the statement of purpose and the services provided; • the name of the registered manager and the general staffing arrangements; • the amounts and method of payment of fees for services (relevant to self-referred service users only); • general feedback from service users and/or their carer/representatives about the quality of the service; • the general terms and conditions for receipt of the agency's services; • the arrangements for the inspection of the agency by the Regulation and Quality Improvement Authority and how to access inspection reports;

	• the agency, its structure and the name of the registered person; • how to access the service; • a summary of the complaints procedure and how to access it; and • the address and telephone number of the Regulation and Quality Improvement Authority.
	Response by registered person detailing the actions taken: Service user guide is currently outdated . This will be reviewed and prioritised by new manager who will be in place at beginning of September 2017
Area for improvement 7 **Ref**: Standard 4.1 **Stated:** First time **To be completed by:** 13 September 2017	Each service user and, if appropriate, his or her carer/representative is provided with a written individual service agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within five working days of such commencement. The agreement is made available, if required, in a format and language suitable for the service user or his or her carer/representative.
	Response by registered person detailing the actions taken: Tenancy agreements are available from beginning of tenancy. Support plans may take a little longer to formalise. Initial temporary support plans will be put in place. A period of familiarity and observation can be required to help the tenant identify areas of need/support.

Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address

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