

Unannounced Care Inspection Report 15 July 2019



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 29 Market Street, Ballymoney, BT53 6EA
Tel No: 02827664660
Inspector: Joanne Faulkner

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

Triangle Housing Association, 12114 is a domiciliary care agency, supported living type located in Ballymoney. The agency’s office is located in the home of the service users and accessed from a shared entrance. The agency’s staff provide care and support to a nine service users who are living in single or shared accommodation. Staff are available to assist the service users with personal care, meal preparation, medication, housing support and accessing the local community. The service users’ care is commissioned by the Northern Health and Social Care Trust (HSCT).

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Mr Christopher Harold Alexander	Registered Manager: Ms Deirdre Elizabeth McGuile
Person in charge at the time of inspection: Team Leader	Date manager registered: 27 July 2017

4.0 Inspection summary

An unannounced inspection took place on 15 July 2019 from 10.00 to 15.40

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

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. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human 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. Service users should experience the choices and freedoms associated with any person living in their own home.

There were a number of examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, training and adult safeguarding processes and risk management. A range of effective governance and management systems were in place. Care records were comprehensive, individualised and well maintained. There was evidence of effective communication with service users, relatives and relevant stakeholders and other staff employed by the agency. The culture and ethos of the organisation promoted treating service users with dignity and respect with an emphasis on their safety and maximising their privacy, choice and independence. There was evidence that care and support was provided in a person centred manner.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user and stakeholder engagement.

Two areas for improvement were identified during this inspection in relation to staff rota information and records required to be available for inspection.

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 team leader, the service users, the relative and staff for their support and full co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge and the manager 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 4 October 2018

No further actions were required to be taken following the most recent inspection on 4 October 2018.

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the person in charge
- discussion with the manager following the inspection
- examination of records
- consultation with service users, a relative and staff
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; 13 responses were received prior to the issuing of this report. The respondents indicated that they were satisfied or very satisfied that care provided was safe, effective and compassionate and that the service is well led. Comments included:

- "I love working here."
- "No concern with the service care delivery or support received from my manager."

Ten questionnaires were provided for distribution to the service users and/or their representatives; nine responses were received prior to the issuing of this report. The respondents indicated that they were very satisfied or satisfied that care provided was safe, effective and compassionate and that the agency was well led. A comment made by one of the respondents in relation housing matters was discussed with the manager and assurances provided that it would be discussed with service users.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the agency's premises.

During the inspection the inspector spoke with the team leader, one service user and two staff members. In addition the inspector spoke to one relative following the inspection. 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.

6.0 The inspection

6.1 Inspection findings

6.2 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 systems in place to avoid and prevent harm to service users were reviewed; this included a review of current staffing arrangements within the agency.

The recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was noted that staff

recruitment is managed and co-ordinated by the organisation's Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department.

Discussions with the person in charge indicated that they had a clear understanding of the recruitment process and the need for robust systems to be followed. They stated that they are notified when new staff are ready to commence employment. They provided assurances that staff are not supplied until all required pre-employment checks have been satisfactorily completed and verified and induction provided.

The agency's induction programme provided to staff was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction during the first few days of employment and in addition shadow other staff employed by the agency for a minimum of two weeks.

It was identified that all new staff are required to complete an induction workbook during their probationary period linked to the Northern Ireland Social Care Council's (NISCC) Standards. In addition staff are required to complete competency assessments in medication administration and financial management. Staff spoke positively about their induction and indicated that it had provided them with the required knowledge and skills to meet the needs of the service users. The reports of quality monitoring audits viewed evidenced that an audit of staffing arrangements is completed monthly.

Staff complete a six month probationary period with reviews at one, three and six months. Staff who spoke to the inspector indicated that shadowing other staff had provided them with the opportunity to become familiar with the needs of the service users. It was noted that new staff had been introduced to service users prior to providing care and support; this was confirmed by the service user who spoke to the inspector. It was felt that this practice was beneficial for both service users and staff.

Discussions with the person in charge, staff and a service user indicated that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users. Discussion with staff during the inspection highlighted no concerns in regards to them having time to provided care as outlined in individual service users' care plans.

Discussions with staff and rota information viewed indicated that the care and support is provided to service users by a core staff team; the person in charge stated that this helps to ensure continuity of care and encourages the development of positive relationships. Staff felt that the provision of a consistent staff team can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity and respect. There were no concerns raised with the inspector in relation to the service users' needs being met. Staff stated that the agency had "enough staff to meet the needs".

The system for ensuring that staff provided at short notice have the necessary knowledge and skills for their roles was discussed with the person in charge. It was noted that all staff provided are employed by the organisation and required to complete an induction prior to providing care; this is to ensure that continuity of care is achieved and to promote the safety, dignity and respect of service users is maintained.

The inspector discussed with the person in charge the need to ensure the full name of all staff provided including relief staff is recorded on the agency's staff rota information and that the information clearly identifies the staff provided on each shift. It was identified that on a number of occasions changes had been made by a sticker being placed on the rota; the inspector discussed the need to ensure that good record keeping processes were implemented in relation to changes made on the rota information. In addition the inspector discussed the need for the abbreviation list to be updated to ensure that all abbreviations used are clearly recorded. An area for improvement has been made.

The agency provides quarterly supervision/ appraisal to staff in the form of a performance review; records are maintained. The records of four staff reviewed indicated that they had received supervision in accordance with the agency's policy. Staff stated that they are supported in developing individual development plans as part of the performance review process. Staff spoke positively about the performance review process and felt it was beneficial to their job.

There is a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The organisation retains an electronic record of the registration status and renewal dates of staff required to be registered with NISCC. The person in charge provided assurances that staff are not supplied for work if they are not appropriately registered and stated that the registration status of staff is monitored monthly by the manager and the organisation's HR department. Records were not available to view during the inspection and were provided to the inspector following the inspection; those records viewed indicated that all staff were registered appropriately.

Staff could describe the procedure for identifying individual training needs and their responsibility for ensuring that training updates are completed. It was noted that all staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of the service users. Staff stated that training provided had equipped them with the required knowledge and skills for their job role. Staff could describe the value of the additional training received in improving the quality of care. Discussions with staff demonstrated that they had an understanding of service users' human rights in all aspects of their lives. Staff commented: "Training is good, I enjoyed my training."; "We can request additional training."; "We get yearly training, it is good."

The inspector was unable to view full details of staff training during the inspection; additional information was provided following the inspection. Records viewed indicated that staff had completed relevant training; they evidenced that staff complete training in a range of areas such as moving and handling, finance, medication, fire and adult safeguarding. In addition it was positive to note that a range of key areas are discussed with staff during their initial induction programme such as equality, diversity, privacy, confidentiality, safeguarding, human rights, professional boundaries and whistleblowing. An area for improvement was identified in relation to the records required to be available at all times for inspection.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC); staff were aware of the process for liaising with the ASC.

The Adult Safeguarding Position report for the agency has been formulated and was reviewed at the previous inspection.

Discussions with staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the processes for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours; they stated that the manager and senior staff/ team leaders were approachable.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates. From training records viewed it was noted that all staff had completed training in relation to adult safeguarding.

Discussions with the person in charge and records viewed indicated that the agency has a system for retaining a record of referrals made to the HSCT safeguarding team and other relevant stakeholders with regard to any alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that no adult safeguarding referrals have been made since the date of the last inspection.

Staff who spoke to the inspector had an understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Staff stated that they are introduced to service users prior to providing care and felt that this was necessary to ensure they had the required knowledge of the care and support required and to ensure that service users felt valued in terms of their dignity and privacy. A service user and a relative spoken with, indicated that they had no concerns regarding the safety of care being provided by the agency; they stated that they could speak to staff if they had any concerns.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. It was noted that clear details of the incidents were recorded and of the actions taken. It was noted that they are reviewed as part of the agency's quality monitoring process.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The person in charge described the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives; those viewed indicated that the human rights of service users had been considered in the process. The agency had provided service users with details of their rights and responsibilities in an easy read format.

Staff who spoke to the inspector were knowledgeable regarding the individual needs and human rights of service users'. Staff stated that they endeavour to provide the care and support in a person centred manner, where the preferences, choices and views of service users are respected. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Observations of interactions between staff and service users indicated that they had choice and that staff listened to them.

Staff who spoke to the inspector stated that care was provided in a safe manner; they could describe how they familiarise themselves with the needs of individual service users and discussed how they effectively communicate changes to other staff. Staff stated that they monitor service users to identify any changes in dependency, ability or behaviour and ensure that their safety is promoted.

The agency's office accommodation is located in the same building as the homes of the service users and accessed from a shared entrance. The building is accessed by an intercom system. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection records were stored securely and that computers were password protected. The person in charge could describe the importance of storing confidential information in accordance with data protection guidelines.

Comments received during inspection process.

Staff comments

- "Service users have choice, most definite."
- "Love it here."
- "If one of my family needed it I would be happy for them to be here. They (service users) are 100% safe and cared for, they are well looked after."
- "Service users are safe."
- "Service users have plenty of choice they are well treated."

Service users' comments

- "Happy, I am alright."
- "Staff make food; I like getting out."
- "Staff are good, staff help; I am happy with things."
- "No concerns; speak to staff if not happy, but no need to."
- "I do what I want."

Relative's comments

- "The place is brilliant; staff are lovely."
- "The staff know more about ***** than I do; they are very aware of his needs."
- "Staff are very helpful."
- "Staff ring if any concerns, they keep me up to date. I ring if any concerns. "

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in relation to the agency's staff rota information and records required to be available for inspection.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3 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, assessing and meeting the needs of service users was reviewed. The agency's Statement of Purpose (SOP) and Service User Guide (SUG) contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

Records viewed during the inspection were noted to be retained in a well organised and secure manner. It was noted that staff had received information relating to record keeping, General Data Protection Regulation (GDPR) and confidentiality.

Service user care records viewed during the inspection were noted to include referral information received from a range of relevant HSCT representatives and in addition included risk assessments and care plans. The review of two individual service user care records identified that they were individualised and contained a range of assessments including those for any practices deemed to be restrictive.

Care plans viewed were noted to be comprehensive, providing a very detailed account of the care and support required by service users. Those viewed were noted to contain details of specific choices made by service users. The agency maintains a register of all practices deemed to be restrictive; it was noted that the practices are reviewed quarterly in conjunction with the service users, their relatives and HSCT representatives. Service users indicated that they were supported to make choices in relation to the care and support they received.

Staff could describe the processes used for supporting service users and where appropriate their relatives to be engaged in the care planning and review processes. It was noted that staff record daily the care and support provided.

The agency has provided service users with information in an easy read format relating to human rights and choice and in addition the measures in place to ensure that information held by the agency is retained confidentiality.

From discussions with the person in charge and records viewed it was noted that the agency contributes to reviews involving the service users' HSCT keyworkers. It was positive to note that the human rights of service users were clearly recorded in their individual care and support plans, Be Safe plans and in the 'All about Me' plans developed in conjunction with the service users and where appropriate their representatives.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, a relative and staff, and observations made evidenced that staff communicate appropriately with service users and their relatives. The communication needs of individual service users are considered as part of the referral, assessment, care planning and review processes.

Staff could describe the processes used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders. Discussions with staff indicated that they were knowledgeable regarding the care and support required by individual service users. The relative who spoke to the inspector stated that staff were very knowledgeable about the needs of her relative and stated that staff take the time to get to know service users well.

The agency facilitates quarterly staff meetings; staff stated that they are encouraged to attend and were provided with the opportunity to express their views and opinions and to raise matters of concern. From the minutes of meetings viewed it was noted that a range of matters are discussed such as safety, training, and service users’ needs. There was evidence that training updates in a range of areas had been provided during the staff meetings in areas such as record keeping, incident recording and fire safety.

The agency facilitates bi-monthly service user meetings and a record of matters discussed is retained; records viewed included details of comments and choices made by service users. From records viewed it was noted that service users had been provided with information in relation to keeping themselves safe, privacy, rights and responsibilities and Makaton.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. These include processes to obtain feedback from service users and their relatives.

The agency has contingency arrangements in place to respond to unforeseen/emergency events; service users have individual personal protection plans.

Staff comments

- “Service users can refuse care; they have choice about what they eat or buy.”
- “We support service users on a one to one basis to get out.”
- “We promote their Human Rights.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records and the agency’s processes for communicating and engaging with service users, relatives and other key stakeholders. In addition staff were knowledgeable about the needs 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

6.4 Is care compassionate?

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

The inspector assessed the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

Staff had received information in relation to equality, human rights and confidentiality during their initial induction. Discussions with staff, a service user and a relative, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect and equality were embedded in the ethos of the organisation and in the way care and support is provided. It was positive to note that the agency has provided information to service users relating to human rights, complaints, advocacy and adult safeguarding in an easy read format. During the inspection the inspector visited a two service users in their own homes and observed them making decisions in relation to their care, support and daily routines, one of the service users spoke with the inspector. The homes visited were noted to be personalised to the preferences of the service users.

A service user who spoke to the inspector stated that they make their own decisions; they stated that staff are approachable and respect their views and choices. A relative who spoke to the inspector stated that service users are encouraged to be involved in their care planning process and can make choices with regard to all aspects of their care. Staff who spoke to the inspector could describe how they support service users to make choices about the care and support they receive. One service user who spoke to the inspector stated that they can refuse care and support; staff discussed the risks that may arise due to choices made by service users that may involve a risk. Staff could describe the procedure for raising concerns with the manager in relation to any identified risks.

Service user care records viewed in the agency office were noted to be comprehensive and contain information relating to the specific needs of service users and their individual choices and preferences. Discussions with staff and a service user indicated that care and support is provided in an individualised manner.

Staff stated that they aim to develop a good rapport with service users and their relatives, and the need to be mindful of the individual views and preferences of service users.

Comments made by a relative:

- "The staff are brilliant with *****; they show him how to cook and use the washing machine."
- "***** (service user) loves them (staff)."
- "***** has challenging behaviours, staff are great with *****."

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs and choices of service users in a safe and effective manner. Staff had been provided with equality awareness information during their induction programme.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. Staff stated that their induction and training equipped them to engage with a diverse range of service users.

Discussions with staff and service users, and observation of staff interactions with service users provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective methods of communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in a person centred manner
- risk assessment and care planning

The organisation had developed a wide range of key information in an alternative format, staff stated that this supports service users in having a clear understanding of the information being provided.

The agency has a range of processes for obtaining comments made by service users and where appropriate their representatives. Records of care review meetings, daily recording records, service user meetings and reports of quality monitoring visits indicated regular engagement with service users, relatives and where appropriate other relevant stakeholders. It was noted that that these processes assist the agency in obtaining the views of service users and relatives as to how the service could be improved.

Other systems used for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, keyworker meetings and quality monitoring visits. The inspector noted that the agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

The inspector was provided with information relating to the organisation's service user engagement group known as a Tenant's Action Group to facilitate them in engaging. The person in charge stated that this method of engagement encourages choice, inclusion, dignity, and empowerment of service users.

Discussions with staff, a service user and a relative, and observations of staff and service user interactions during the inspection indicated that care provided was compassionate; staff were observed to treat service users with dignity and respect and to obtain consent from service users in relation to care and support provided.

Staff comments

- "Service users are well looked after."
- "We support service users the best we can; the support is 100%."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care. There was evidence of ongoing engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided. The agency had arrangements in place for encouraging the promotion of human rights which has led to good outcomes for 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

6.5 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.

Management and governance systems in place within the agency to meet the assessed needs of service users were assessed. The agency is currently managed on a day to day basis by the registered manager with support from a number of team leaders and support workers.

The agency’s policies and procedures are retained electronically and available for staff to access at any time. Policies viewed during the inspection were noted to have been reviewed in accordance with timescales as detailed in the minimum standards.

The agency has a complaints policy; discussions with the person in charge and staff indicated that they had an understanding of the actions to be taken in the event of a complaint being received. Staff receive complaints awareness information during their induction. It was noted that service users had been provided with information in relating to making a complaint.

Staff could describe how they would support service users to make a complaint or raise a concern; this indicated that service users have access to clear and fair processes for getting their views heard and to raise concerns or complaints. This is felt to be beneficial and promotes their human rights. One service user who spoke to the inspector stated that they would talk to the staff if they had a complaint or concern. The inspector viewed evidence of the complaints process being discussed at a recent service user meeting.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the person in charge that the agency had received no complaints since the previous inspection. Complaints are audited monthly as part of the agency’s quality monitoring process.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

Staff could clearly describe the procedure for obtaining support at any time, including out of hour arrangements. Staff who spoke to the inspector indicated that they were supported in their role. Staff spoken with commented:

- “Can come to the manager at any time.”
- “Team work; been here a long time.”
- “Feel listened to.”
- “Very happy; no concerns.”

The agency has methods for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the person in charge indicated that the agency’s governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, supervision of staff, staff training and monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. The inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT representatives.

Following the inspection the inspector viewed evidence which indicated appropriate staff induction, training and performance review. Staff could describe the benefits of regularly reviewing the quality of the services provided with the aim of improving the service provided.

The organisational and management structure of the agency is detailed within the Statement of Purpose; it record lines of accountability. Staff who spoke to the inspector had an understanding of the responsibilities of their roles; they are provided with a job description at the commencement of employment. The person in charge stated that staff behaviour and conduct is discussed with staff during their induction.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. No concerns regarding the management of the agency were raised with the inspector.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The organisation has a process for completing quality monitoring audits on a monthly basis and developing a report. The inspector viewed the reports of a number of the quality monitoring audits. It was noted that the audits are completed by other managers within the organisation. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users, and where appropriate their representatives. Some comments recorded:

HSCT Representative’s comments

- “Staff are very efficient and friendly.”
- “I have two service users living in this scheme and I have no concerns.”

Relative’s comments

- “I am happy with the standard of care and support which **** receives and I know I can discuss any concerns with the service manager.”

The reports viewed were noted to include details of the review of the previous action plan, review of care records, staffing arrangements, accidents/incidents, safeguarding referrals, and complaints; it details actions taken following the identification of any issues.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with relevant stakeholders and governance arrangements including the quality monitoring process.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge and the 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.

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 21. (1)(a) Schedule 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 records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner</p> <p>This relates specifically to the agency's staff rota information.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: New format of rota introduced. Abbreviations used and shifts worked also sent to inspector.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21. (1)(c) Schedule 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 records specified in Schedule 4 are maintained, and that they are-</p> <p>(c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Registered manager will ensure necessary documents are available for inspection in line with GDPR.</p>

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



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