

Announced Care Inspection Report 27 June 2016



Cuan Terrace

Domiciliary Care Agency / Supported Living Service
Bayview Centre, Bangor, BT20 5JH
Tel No: 07786084833
Inspector: Jim McBride

1.0 Summary

An unannounced inspection of Cuan Terrace took place on 27 June 2016 from 09:30 to 13:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care in a number of areas. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. One area for quality improvement was identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care in a number of areas. Satisfactory outcomes have been highlighted in this report. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. However, it was concerning to note that quality monitoring undertaken on behalf of the responsible person appeared to overlook or highlight the areas of concern raised during inspection, relating to the office type accommodation situated within a service user's home. Three areas for quality improvement were identified in relation to the office base within the service user home the effectiveness of the monthly quality monitoring and that staff ensure dignity, privacy and wishes are respected.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care in a number of areas. However, one area relating to the privacy, dignity and wishes of a service user were highlighted and brought to the attention of the registered provider and further discussed during an intention meeting with RQIA on the 6 July 2016. Satisfactory outcomes have been highlighted in this report. Some areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. Some satisfactory outcomes have been highlighted for service users in this report. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary.

One area for improvement was identified during the inspection in relation to the office base within a service users' home.

The inspector shared with the registered manager some comments received from service users in relation to the quality of service provision, complaints, individual monies and locked doors.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

This inspection resulted in requirements and recommendations being made. Findings of the inspection were discussed with Mrs Heather Cruise the Registered Manager and Mr Kieran Mc Cormick the Regulated Services Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did result from the findings of this inspection see section 1.2 of this report.

1.2 Actions/enforcement taken following the most recent care inspection

In accordance with RQIA's Enforcement Policy and Procedures, a meeting was convened on 6 July 2016, at the offices of RQIA, to address concerns about the manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them. This related to the creation of an office within a service user's home. A satisfactory action plan was provided by the agency outlining their arrangements to address this area of concern.

The actions detailed in the previous QIP have been restated following the last inspection.

2.0 Service details

Registered organisation / registered provider: South Eastern Health and Social Care Trust. Hugh McCaughey	Registered manager: Ms Heather Cruise
Person in charge of the agency at the time of inspection: Ms Heather Cruise	Date manager registered: Ms Heather Cruise - 20 August 2015

3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report and the quality improvement plan (QIP)
- Records of notifiable events.

During the inspection the following processes used include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Discussions with service users
- Evaluation and feedback.

The following records were examined during the inspection:

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports for January, February, March and April 2016
- Minutes of staff meetings for February, April May and June 2016
- Minutes of tenants meetings held in March, April and June 2016
- Staff training records relating to:
 - Vulnerable adults*
 - MAPA*
 - Medication*
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

4.0 The inspection

Cuan Terrace is a supported living type domiciliary care agency which provides people with a learning disability support and care for daily living to enable them to live full and valued lives as independently as possible. The agency supports service users within their local community. Service users reside in an apartment complex in Newtownards and rent their accommodation from Apex housing association.

At the time of the inspection there were 10 individuals receiving a service from 14 staff. During the inspection the inspector spoke with the registered manager, three care workers and two service users. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA, five questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users, nine questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the registered manager, staff and service users, it was noted there was evidence of positive/good outcomes for service users. This has been demonstrated by the agency throughout this report. Some areas highlighted by individual service users within their returned questionnaires in relation to monies, quality of care and complaints were discussed with the registered manager. The comments received have been highlighted within the body of this report.

The inspector would like to thank the service users and agency staff for their warm welcome and full co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 23/11/2015.

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: First time</p>	<p>23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph 1, which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph 2 shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This report should be forwarded to RQIA until further notice.</p>	<p>Partially Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Following the inspection on the 24th November 2015 a monthly monitoring visit specific to Cuan Terrace was undertaken by a monitoring officer. This report and the subsequent December 2015 monitoring report were forwarded as requested to RQIA within the agreed timescale. The current monitoring arrangements examined by the inspector were less than satisfactory in relation to the assessment of services users' privacy, wishes and control. The requirement has been restated.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p>	<p>The registered person should monitor the quality of services in accordance with the agency's written procedures and complete a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Action taken as confirmed during the inspection:</p> <p>The Regulated Services Manager in conjunction with each Registered Manager has established a system in place for the monthly monitoring. The current monitoring arrangements examined by the inspector were less than satisfactory in relation to the assessment of services users' privacy wishes and control. The recommendation has been restated.</p>	<p>Partially Met</p>

4.2 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. The Statement of Purpose was reviewed by the agency in November 2015. The inspector was advised by the manager that service users are introduced to and advised of the names of staff that will be providing care and support; this information is also included in the statement of purpose and the service user's guide.

Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined six care plans in place during the inspection.

The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated.

The agency has in place a written policy and procedure for the recruitment of staff. The policy in place evidenced the completion of pre-employment checks. The HSC Trust policy on recruitment was updated in April 2016.

The agency has a structured staff induction programme which includes shadowing by an experienced staff member for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements. One staff member stated " *My induction helped me with the job preparation.*"

The agency's induction standards are in line with the Northern Ireland Social Care Council standards for new workers in social care. The inspector noted the following areas are covered during induction:

- Vulnerable adults
- Confidentiality
- Lone working
- Service users finances
- Risk assessment
- Support planning
- Health and safety
- Complaints
- Rotas
- Key working
- Policies and procedures.

Records examined evidenced that staff have received core mandatory and other relevant training. Records of induction, including short notice procedures and mandatory training, are retained within staff files reviewed. Staff confirmed that they have direct access to all policies and procedures which are held centrally within the agency or via the staff intranet. The manager reported that she undertakes supervision with senior staff who in turn supervises support staff. The inspector examined staff rotas for weeks ending 9 June, 16 June, 23 June and 30 June 2016 and was satisfied that the agency's staff resources meet service user needs. Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems may have been highlighted as a result of an investigation; additional identified safeguards are put in place.

The two service users interviewed by the inspector stated that they felt safe and secure in their homes. Other comments included:

- "It's great, I'm safe and happy."
- "Staff listen to my concerns."

Staff comments:

- “Supervision is one to one with all staff.”
- “We have good communication with each other.”

Five returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Comment:

- “All good.”

Nine returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

Comments:

- “I feel very safe.”
- “When I lock my door and come back the door is open.”
- “Staff need to improve how they speak to people.”
- “If I run out of money staff give off, it’s my money so they should not.”
- “I am safe in my home.”

One area for improvement was identified during the inspection relating to the privacy, dignity and wishes of service users. The inspector shared with the registered manager some comments received from service users in relation to complaints, individual monies, locked doors and the quality of service provision.

Number of requirements	1	Number of recommendations:	0
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4.3 Is care effective?

The service users interviewed by the inspector stated that they are aware of who they should contact if any issues regarding their care. They said they would contact the manager or any staff member.

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the HSC Trust carries out care reviews with service users if changes to their needs are identified.

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions. Service users are advised of independent advocacy services. The manager stated that the advocacy service provision is currently being updated by the agency.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. The service users interviewed were aware of who they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed, in relation to incidents and further service user feedback. However, it was concerning to note that quality monitoring undertaken on behalf of the responsible person appeared to overlook or fail to highlight the areas of concern raised during inspection, relating to the office type accommodation situated within a service user's home.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests and independence of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan.

Service users are also given the opportunity to comment on the quality of service. The agency is currently completing their Service Improvement survey. The inspector has noted some of the areas the tenants were asked to comment on:

- Anxiety and tension
- Respect
- Activities
- Staffing levels
- Staff attitudes and behaviours
- Tenant stories.

The inspector noted some comments made by service users and the action plan in place to resolve any issues.

Comments received during the inspection:

Service user comments:

- "Staff support me well."
- "The staff are very supportive and are all friendly."

Staff comments:

- "My induction was good and the other staff were very helpful."
- "Training content is good."

Five returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them
- There are systems in place to monitor the quality/safety of the service you provide.

Nine returned questionnaires from service users indicated that:

- Staff are trained to meet our needs.
- They get the right care, at the right time and with the best outcome for them.

Comments:

- “Everything is excellent, I won’t let staff walk over me it’s my money not there’s.”
- “I get on well with my keyworker in Newtownards.”
- “Very happy.”
- “I’m involved in most things but don’t like patient account, it is not suitable, if you want to buy stuff online. I’m not happy with staff controlling stuff.”

One area for improvement was identified during the inspection in relation the effectiveness of the monthly quality monitoring. The inspector shared with the registered manager some comments received from service users in relation to complaints, individual monies, locked doors and the quality of service provision.

Number of requirements	1	Number of recommendations:	0
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4.4 Is care compassionate?

During the inspection, the inspector was invited to visit some tenants in their own homes. The inspector noted that a room in one tenant’s home was being used as what agency staff described as an office.

Two service users stated that if they need staff or want to attract staff attention they “*Rap the window in the office.*” as they described the room in the individual tenant’s home.

The inspector was advised that this area of the service user’s home is locked at all times; the inspector was not advised of any needs or issues that would necessitate this level of staff presence in the individual’s home other than “Sleep-In cover”.

This unnecessary presence of an office in the service user’s home prevents them from having control over their home as the door is kept locked, whilst preventing them moving freely around there own home. This situation is not consistent with the ethos of supported living as outlined in the agency’s statement of purpose and what the service user could expect according to the agency’s service users guide.

It appeared to the inspector that staff congregated in this room and there was little evidence of the service user consenting to this or being consulted. During the inspection the inspector was invited into the room to meet with staff however, it wasn’t clear if this had been discussed with the service user. The inspector was directed to the room by the registered manager.

The inspector noted that the room included a safe, office equipment and a poster that belonged to staff members; it seemed that no belongings of the tenant were in the room. It should be noted that this area of concern was discussed with the SEHSCT during the Pre-Registration inspection in 2014. At that stage the RQIA withheld registration until the HSC Trust made alternative arrangements for office space.

A meeting was convened on 6 July 2016, at the offices of RQIA, to address concerns about the manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them. A satisfactory action plan was provided by the agency outlining their arrangements to address this area of concern.

The agency's Statement of Purpose and Service Users Guide suggests that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. One service user stated: "*Staff are good at listening and helping.*"

Service users are offered choices and are encouraged to complete tasks themselves

Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. However, It was concerning to note that quality monitoring undertaken on behalf of the responsible person appeared to overlook or failed to highlight the areas of concern raised during inspection, relating to the office type accommodation situated within a service user's home. The inspector has included some comments made by service users, relatives, staff and HSC Trust professionals during monitoring visits:

Service user's comments:

- "Staff are very good at listening to me."
- "I get on well with staff."
- "I'm happy here."
- "Staff are very helpful."

HSC Trust comments:

- "Staff are very approachable."
- "Staff are supportive."

Relatives' comments:

- "Staff are very helpful, I'm more than happy."
- "My ***** is very happy."
- "It's the best thing that's happened to my***."

Staff comments:

- “I love my work here.”
- “Good staff team.”
- “I’m enjoying the new change.”

Five returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to.

Nine returned questionnaires from service users indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care.
- Their views and opinions sought about the quality of the service.

Comments:

- “Regular monthly house meetings, nothing about the quality of service.”
- “Not enough daytime activities.”
- “I would like to get my personal allowance in my purse.”
- “I would like my own place.”

One area for improvement was identified during the inspection. The registered person should ensure the quality monitoring records show details of the measures that the registered person considers necessary to take, in order to improve the quality and delivery of the services which the agency arranges to be provided. The inspector shared with the registered manager some comments received from service users in relation to complaints, individual monies, locked doors and the quality of service provision.

Number of requirements	1	Number of recommendations:	0
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4.5 Is the service well led?

The manager reported that the agency is in the process of reviewing some individual systems and processes and where necessary, making changes. This is being completed in consultation with senior management staff.

A number of policies and procedures in place are accessible to staff in hard copy and via the staff intranet. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. The agency’s complaints policy and procedures are reflected within the current Statement of Purpose and Service User Guide. Both these documents have been updated by the agency.

The agency reported five incidents to RQIA as required and it was evident that agency procedures had been followed in relation to these. Incidents form part of the monthly monitoring and actions are taken to address concerns.

A number of staff training events have taken place and mandatory training is up to date for all staff. Supervision records examined by the inspector showed clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff feel supported by the manager and senior staff.

There was evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this.

There was evidence that staff were encouraged to be involved in the development and improvement of the service. This was evidenced in the minutes of staff meetings and during discussions with staff. There was evidence of regular and effective staff supervision, appraisal, and management of performance issues.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's current Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency has received one complaint during this period.

The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary.

During discussion with staff it was stated that:

- "We feel supported in our role."

Service users' comments:

- "The staff are very supportive and helpful."

Five returned questionnaires from staff indicated:

- The service is managed well.
- We're satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

Nine returned questionnaires from service users indicated that:

- Feel the service is managed well.
- They were satisfied that any concerns or complaints would be listened to and responded to.

Comments:

- "I have said to the staff, I want my own bank account as PPA is not suitable."
- "Very happy."
- "I'm happy in Cuan."
- "Staff wait a couple of days then tell you the response to a complaint."

One area for improvement was identified during the inspection in relation to the office base within the service users' home. This requirement refers to staff training ensuring staff respect the privacy, dignity and respect of service users in their own homes. The inspector shared with the registered manager some comments received from service users in relation to complaints, individual monies, locked doors and the quality of service provision.

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Heather Cruise registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 (Insert Service Type). 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.

Number of requirements	1	Number of recommendations:	0
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5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk for review by the inspector.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 23 (1)
(2) (3) (4)

Stated: Second Time

To be completed by:
1 September 2016.

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—

(a) arranges the provision of good quality services for service users;
(b) takes the views of service users and their representatives into account in deciding—

(i) what services to offer to them, and
(ii) the manner in which such services are to be provided; and
(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.

(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.

(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.

Response by registered provider detailing the actions taken:
Following this inspection the Trust can confirm that an annual survey was completed. The response and findings from the survey have been compiled with an action plan to support and take forward any feedback or comments from service users or their representatives and to address any other identified areas for improvement following RQIA inspection or service user engagement. Please see attached to this QIP the annual survey action plan.

In addition to the above the findings from this inspection have been shared with the monitoring officer. The Trust will ensure that these reports accurately reflect the views of the service users, their representatives and the services provided to them, the manner in which they are provided and the response to any recommendations and requirements made by RQIA. Going forward all monitoring reports will be provided to RQIA until such time as the Trust is advised otherwise.

<p>Requirement 2</p> <p>Ref: Regulation 16.2 (a)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2016.</p>	<p>The registered person shall ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.</p> <p>This requirement refers to staff training ensuring staff respect the privacy, dignity and respect of service users in their own homes.</p> <p>Response by registered provider detailing the actions taken: Values Training for the Cuan Terrace staff team was held on 4th August 2016, attendees included the Registered manager, deputy manager and support work staff. The training included a focus on the values of privacy, dignity and respect. Values will now also form a standing agenda item in staff supervisions. The monitoring officer for the service is also due to complete this training on the 20th September.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (d) (e)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2016.</p>	<p>We the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(d)so as to ensure the safety and security of service users' property, including their homes;</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them.</p> <p>Response by registered provider detailing the actions taken: Staff have been reminded by the Registered manager and regulated services manager that they should only be in a service user's home with service user's consent or in an emergency situation. Staff have also been reminded of the need to be discreet when in and around service user's homes. This includes remembering that the property belongs to the service user and should be treated and respected as such. Values training was completed on 4th Aug 2016. Discussion regarding values will form part of supervision for all staff going forward. Staff at Cuan Terrace have also undertaken work with individual service users about respecting each others privacy and dignity.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 8.11</p> <p>Stated: Second Time To be completed by: 1 September 2016</p>	<p>The registered person should monitor the quality of services in accordance with the agency's written procedures and complete a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Response by registered provider detailing the actions taken: The Registered manager receives monthly monitoring reports from the monitoring officer, monthly reports from all key workers and all incident reports and notifiable reports from staff. The Trust is satisfied that since the November 2015 inspection of Cuan Terrace there has been significant improvement in completion of individual monthly monitoring reports for Cuan Terrace. Since then the monitoring reports document that the views of service users, carers and representatives have been ascertained. It is unfortunate that despite best efforts, a concern has been identified about monthly monitoring. Senior management has discussed these concerns with the registered manager and respective monitoring officer. Monthly monitoring is a standing item at the quarterly RQIA shared learning meetings, managers meetings and at individual supervisions.</p>

****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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