



Unannounced Care Inspection Report

14 March 2019



Struell Lodge Supported Housing Scheme

Type of Service: Domiciliary Care Agency
Address: 2 Ardglass Road, Downpatrick, BT30 6JG
Tel No: 02844513850
Inspector: Marie McCann

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

Struell Lodge is a supported living type domiciliary care agency which provides a range of care and support services to seven tenants in their own homes at three addresses in Downpatrick. The agency's registered office is located at Struell Lodge residential home.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Registered Manager: Stephen Moffett- acting manager- application not yet received
Responsible Individual: Mr Hugh Henry McCaughey	
Person in charge at the time of inspection: Stephen Moffett	Date manager registered: Acting manager since 27 June 2018

4.0 Inspection summary

An unannounced inspection took place on 14 March 2019 from 09.20 to 17.15.

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

Evidence of good practice was found in relation to staff knowledge of adult safeguarding and risk management, the development of person centred support plans and care reviews, communication between service users, agency staff and other key stakeholders. Further areas of good practice were also noted in regard to the provision of compassionate care, promoting effective working relationships for staff and also the human rights of service users.

Areas requiring improvement were identified in relation to staff induction and training, the timely review and completion of support plans/assessments, and the management of complaints.

In addition, a number of areas for improvement are restated for a second time in regard to monthly quality monitoring reports, staff supervision, the agency's Statement of Purpose and Service User Guide and the annual quality report.

Service users' comments are reflected throughout the report.

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*

The total number of areas for improvement includes six which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Stephen Moffett, 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 12 December 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 December 2017.

No further actions were required to be taken following the most recent inspection on 12 December 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:

- The registration details of the agency.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted that two incidents had been notified to RQIA since the last care inspection 12 December 2017.
- Unannounced care inspection report and QIP from 12 December 2017.

During the inspection the inspector met with the manager, six service users, a senior support worker and two support workers.

The following records were discussed and/or examined during/ following the inspection:

- Three staff personnel records.
- Information in relation to staff supervision.
- Staff training matrix and a sample of staff training records.
- Three service users' care records.
- The agency's complaints records from date of last inspection.
- Staff roster information from 25 February 2019 to 14 March 2019.
- A sample of minutes of staff meetings since the last inspection.
- A sample of the agency's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports since the last inspection.
- Disciplinary Procedures, 2007.
- Supervision Policy, 2008.
- Safeguarding Policy, June 2018.
- Whistleblowing Policy, April 2018.

At the request of the inspector, the manager was asked to display a poster within the agency office. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; no questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager share a 'Have we missed you' card within the agency, as appropriate to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be shared in the agency.

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

The findings of the inspection were provided to the manager at the conclusion of inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 December 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 12 December 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	
Area for improvement 1 Ref: Regulation 13 (d) and Schedule 3 Stated: First time	<p>13. The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Schedule 3</p> <p>7. Details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body.</p> <p>(regarding NISCC registration updates)</p>	Met
	Action taken as confirmed during the inspection: The inspector confirmed following review of records from July 2018 that the manager undertakes a monthly review of the Northern Ireland Social Care Council (NISCC) registration details of all staff to ensure they remain registered. The manager further confirmed that all staff are aware that any lapse in their registration would result in them being unable to work within the agency until their registration was suitably updated.	
Area for improvement 2	23.—(1) The registered person shall establish and maintain a system for evaluating the	Partially met

<p>Ref: Regulation 23 (1) (2) (3)</p> <p>Stated: First time</p>	<p>quality of the services which the agency arranges to be provided.</p> <p>In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the agency had forwarded monthly quality monitoring visit reports to RQIA for a period of time following the previous care inspection. However, while improvement had been noted in regard to the content of these reports, it was identified during the inspection that monthly quality monitoring visits had not taken place for November 2018, January 2019 and February 2019.</p> <p>This area for improvement has been partially met and is stated for second time.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First time</p>	<p>1) The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>Action taken as confirmed during the inspection:</p> <p>On the day of inspection or post inspection, the manager was unable to provide a copy of the updated Statement of Purpose which had been required as a result of the previous care inspection.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.3 Stated: First time	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Action taken as confirmed during the inspection: The manager described the agency's supervision policy in place for the supervision of staff. Discussion with the manager and a review of the agencies supervision matrix confirmed that a number of staff had not received supervision as required.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	Not met
Area for improvement 2 Ref: Standard 8.12 Stated: First time	<p>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.</p> <p>Action taken as confirmed during the inspection: This annual report for 2017 was received by RQIA in February 2018. The manager confirmed that an annual report for 2018 had not been completed.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	Not met
Area for improvement 3 Ref: Standard 9.5 Stated: First time	<p>Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures. (in respect of disciplinary, safeguarding and data protection policies and a training and development policy)</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of the agency's policies and procedures identified that the organisation's safeguarding policy had been updated in June 2018. However, the following policies and procedures were found to be out of date:</p> <ul style="list-style-type: none"> • Supervision policy • Disciplinary procedures • Data Protection Policy <p>There was also no evidence that a Training</p>	Partially met

	<p>and Development policy had been implemented.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	
Area for improvement 4 Ref: Standard 2.1 Stated: First time	<p>The service user's guide contains information on the following:</p> <ul style="list-style-type: none"> • 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 • the address and telephone number of the Regulation and Quality Improvement Authority <p>Action taken as confirmed during the inspection: On the day of inspection or post inspection, the manager was unable to provide a copy of the updated Service User Guide which had been required as a result of the previous care inspection.</p> <p>This area for improvement has not been met and is stated for second time.</p>	Not met

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 reviewed the agency's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the agency.

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The manager described the procedure for ensuring that staff are not provided for work until all necessary checks had been completed and confirmed that the outcome of the checks are retained by the HR department.

The manager advised that there have been no newly recruited staff to the agency; however, five staff transferred from working in a SEHSCT residential home to the supported living service when the service expanded in January, 2018. The manager and senior support worker advised that all the staff who transferred to the agency had extensive experience working with service users with a learning disability and they had the necessary knowledge and skills to provide safe and effective care to the service users in the supported living setting. Discussion with the manager, senior support worker and a review of staff personnel records confirmed that staff who transferred to work in the supported living service did not receive an induction as per the domiciliary care agency regulations. An area for improvement was made in this regard.

Discussions with the manager and staff identified that they had no concerns in regard to staffing levels to ensure the safety of service users. The manager advised that the agency had recently experienced shortages in the permanent staff team due to staff vacancies. However, assurances were provided to the inspector that the agency always ensures that sufficiently competent and experienced persons are working to allow for service users to receive the support they require. The manager stated that emphasis is placed upon endeavouring to provide a consistent staff group who know the service users and have the relevant knowledge and skills to support them. As a short term measure, staff completed additional shifts and the agency utilised available bank staff who would know the service users well; senior management were aware of this arrangement and a recruitment process was ongoing. The sample of staff rota information reviewed was noted to be consistent with the staffing levels described as required. The inspector advised that the rota information should consistently include the full names of bank staff along with the start and end time of any shift worked. The manager agreed to action this.

The inspector viewed the agency's system to ensure that staff receive appropriate training to fulfil the duties of their role. Discussions with staff on the day of inspection identified that they considered the training which they had received to be of a good standard and had supported them in fulfilling their roles and responsibilities. Staff confirmed that training was ongoing and they had training opportunities over and above mandatory requirements. Examples of additional training provided included: dysphasia awareness, epilepsy training, equality, good relations and human rights and sensory awareness.

There was evidence that the manager had recently engaged in a consultation process with staff to ensure they were aware of their training requirements and had asked them to confirm completion of their ELearning. A training matrix was maintained that detailed the training

dates booked and/or completed by staff; however, the matrix did not provide confirmation that previously booked training had been completed on scheduled dates in 2018. In addition, training records also lacked the required scope of information, such as, training content and staff attendees as per standard 12.7. There was also a number of staff identified for whom mandatory training updates were out of date. An area for improvement has been made.

The agency's governance arrangements in place for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. The inspector reviewed the incident/accidents records from January 2019 to 13 March 2019; this indicated that an effective incident/accident reporting policy and system was in place. Discussion with the manager and review of a sample of these records noted that the incidents have been managed appropriately. Staff are required to record any incidents and accidents in a centralised record, which is then reviewed and audited by the manager, a senior manager and the SEHSCT governance department.

In addition, staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk and the importance of reporting any issues to the manager in a timely manner.

There were a number of adult safeguarding referrals records completed by the agency to review. Discussion with the manager and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records. There was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

During discussion, staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported with being as independent as possible and safely integrating into the local community. In addition, discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response and knew how to access the organisation's whistleblowing policy.

Discussion with service users and staff evidenced that they felt the care provided was safe.

The following is a sample of comments made:

Service users' comments:

- "I am happy living here."
- "I like living here... you can go to the shops and get the things you want and go out."

Staff comments:

- "Tenants are definitely getting a good service; I am just delighted to be able to get to provide it."
- "No concerns about practice of any colleagues would ensure this was reported immediately."

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in regard to staff induction and staff training.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The inspector reviewed a sample of three service users' care records. They contained support plans/information, hospital passports, risk assessments and restrictive practice assessments. The care records were noted to be comprehensive, individualised and maintained in an organised manner. It was positive to note the recent development of a person centred support plan and essential lifestyle plan which is provided in an easy read format and completed in partnership with service users.

Records evidenced that collaborative working arrangements were in place with service users' next of kin and the multi-disciplinary team. In keeping with good recording standards, the inspector stressed the need to ensure that staff sign their full name and ensure that the times of telephone calls made on behalf of, or in respect of, service users are recorded.

A review of care records further confirmed that staff maintained an accurate and contemporaneous record of support provided on a daily basis.

However, the inspector identified that one service user's support plan and restrictive practice assessment had not been updated when the service user transferred from residential care to the supported living service. An area for improvement was identified in this regard.

The manager described how service users were encouraged and supported to be fully involved in their HSCT care reviews; care records demonstrated that an annual review of service users' care had occurred with relevant SEHSCT community keyworkers. It was positive to note the completion of a pre-review report with service users prior to the formal care review. Feedback from service users evidenced in these records was noted to be positive. The document explored areas such as the service user's opinions about what is and isn't working well regarding the care and the support they receive, things they need help with or would like to continue to receive help with, things they have done since the last review, new things they would like to try, how their objectives have been met and how they have been treated by staff and other service users.

The manager and inspector discussed the use of any practices which could be deemed as restrictive and a sample of restrictive practice assessments records were reviewed. The manager described the importance placed on regularly reviewing any restrictive practices to ensure that they are proportionate, necessary and in the best interests of service users at all times. It was agreed that such a review should be conducted in collaboration with the service user and/or next of kin as appropriate, along with the multi-disciplinary team.

Feedback from staff highlighted that effective communication was maintained by means of a daily handover meeting. Staff also confirmed they had effective access to support from the management team via the telephone including out of hours support. Staff stated that this provided them with an opportunity to discuss and review the ongoing care and support needs of service users.

Observations of practice on the day of inspection provided evidence that staff on duty were confident and effective when communicating with service users. It was noted that interactions between service users and staff were relaxed and spontaneous. Discussions with services users confirmed they were aware of who was in charge and that they felt able to raise any issues as needed. Service users expressed their confidence in the agency's staff.

The manager advised that he is in the process of setting up a group for the relatives of service users of Struell lodge residential home and supported living services to improve consultation and partnership working.

A sample of staff meeting minutes were reviewed which identified that there was a quality improvement focus and evidenced discussions with regard to the organisation's whistleblowing policy, deprivation of liberty and rights based practice, update on social media policy and developing links with other supported living services to exchange skill and experience. The manager advised that all staff receive a copy of minutes of such meetings via email.

The inspector discussed the development of the Northern Ireland Social Care Council website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within staff meetings. The manager advised that they would review this resource and share with the staff team as appropriate.

Discussion with service users and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- “If I had any worries, I would talk to staff.”
- “I have everything I need.”

Staff comments:

- “At the start of each shift we have a verbal handover, read tenants' notes and the diary; we are always well informed regarding tenants needs.”
- “There are very good links and communication with the multi-disciplinary team.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the development of person centred support plans, care reviews and communication between service users, agency staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in regard to the timely review and completion of support plans and assessments.

Total number of areas for improvement	1	0
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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.

The inspector viewed the agency's ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Discussions with the manager and staff evidenced that staff were highly motivated to support the independence of service users and the development of new skills. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had. There was evidence that staff had supported service users to share their dissatisfaction regarding review of the agency's transport policy with senior management. Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. The staff spoken with on the day of inspection spoke positively about the practice of their colleagues and raised no concerns.

Observations of staff interactions with service users and discussions with staff during the inspection indicated that care and support was provided in an individualised manner. They described how they observe service users, noting any changes and proactively taking appropriate measures to promote/ensure the safety and wellbeing of each service user.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. They were supported and consulted informally through daily discussions with staff and more formally at care reviews.

The service users gave the inspector permission to meet with them in their individual homes. A service user informed the inspector that the décor in their home had been chosen by themselves and they demonstrated pride in their personalised living space.

The culture and ethos of the service is focused on promoting service user independence while fostering and maintaining links with the local community. Service users were noted to be offered choice regarding their daily routines, whilst being supported to achieve goals previously agreed in partnership with the service user. It was encouraging to receive feedback from staff and service users regarding positive outcomes that had been identified for specific services users as a result of the support received by the agency.

Discussion with service users and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff are all very good."
- "I helped decorate the house."

Staff comments:

- “My main job is to ensure the tenants are treated with respect and dignity and that they get the best service.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users.

The agency is managed on a day to day basis by the manager with assistance from a team of senior support workers and support workers. The manager also has responsibility for a residential care home, which is located on the same site, and acts as the agency's registered office. The manager advised that he is in the process of making an application to RQIA for the position of registered manager.

Discussions with the manager and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed, and staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by the manager. Staff demonstrated that they had knowledge of their role, function and responsibilities.

A complaints file was available within the agency to record the management of complaints. There had been no formal complaints and seven informal complaints recorded since the previous care inspection. Review of the records available identified that not all the informal complaints had been dealt with in line with the organisation's complaints management process and a record was not maintained as to whether the complainant was satisfied with actions taken or the outcome of the complaint. An area for improvement has been made in this regard.

The manager and staff spoken with on the day of inspection confirmed that there are a range of policies and procedures in place to guide and inform staff. Staff are able to access these policies and procedures in hard copy and in electronic format. However, as outlined in section 6.2 an area for improvement has been restated with regard to a number of identified policies requiring review.

The inspector discussed the monitoring arrangements as outlined in Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of records confirmed

that the monthly quality monitoring visit reports are completed by the deputy manager from a similar supported living service. The reports of monthly quality monitoring visits completed since the last inspection were available to be examined with the exception of November 2018, January 2019 and February 2019. A sample of reports examined, evidenced that monthly monitoring reports were completed in accordance with the regulations. An area for improvement in relation to monthly monitoring reports, as referenced in section 6.2, was restated for a second time. The inspector has requested that monitoring reports are forwarded to RQIA until further notice.

The inspector advised the manager to liaise with senior management and also review guidance available on the RQIA website with regards to the General Data Protection Regulation (GDPR), to ensure that staff are provided with the necessary information to help them understand and be aware of recent changes in this area of legislation. The manager agreed to action this.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff as part of their ongoing training, supervision and appraisal processes. The manager advised that a number of staff have completed equality, good relations and human rights training, with arrangements in place for the remaining staff to complete the training this year.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when person centred support plans and risk assessments are developed.

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

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

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- “I would have no problem making a complaint.”

Staff comments:

- “We are an open and honest staff team and we work well together and there is good sharing of information.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to promoting effective working relationships for staff and the human rights of service users.

Areas for improvement

An area for improvement was identified in regard to the agency's management of complaints.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephen Moffett, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 Ref: Regulation 23 (1) (2) (3) Stated: Second time To be completed by: With immediate effect	<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>In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The April 2019 monthly monitoring report has been completed and sent to Mrs McCann inspector and subsequent monitoring reports will continue to be sent each month until further direction by RQIA. The learning from this Area For Improvement has been shared with Mrs Amanda Jackson Senior Inspector by letter with accompanying action plan to prevent re-occurrence..</p>
Area for improvement 2 Ref: Regulation 5 (1) Stated: Second time To be completed by: 11 April 2019	<p>1) The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>A copy of the amended Statement of Purpose is to be provided to RQIA with the returned QIP.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The statement of purpose has been updated and attached as requested.</p>
Area for improvement 3 Ref: Regulation 15(3)(b)(c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall:</p> <p>(b) keep the service user plan under review;</p> <p>(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 user’s representative, revise the service user plan.</p> <p>This relates to the need for the identified service user’s care plan to be updated.</p> <p>Ref: 6.5</p>

Response by registered person detailing the actions taken:

The service user care plan is currently being updated to reflect the change for service users from residential to supported living.

This update will incorporate views of service users and family members where appropriate.

The service user plan will continue to be reviewed with the multi-disciplinary team and updated accordingly.

This will continue to be reviewed regularly and updated accordingly.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 13.3 Stated: Second time To be completed by: 9 May 2019 and ongoing	The registered person shall ensure staff have recorded formal supervision meetings in accordance with the procedures. Ref: 6.2 Response by registered person detailing the actions taken: A supervision schedule is in place for both support and senior support workers throughout 2019/2020. Completion of supervisions will be monitored by the Regulated Services Manager and will be audited at the end of the calendar year to evidence compliance to the Trust's Supervision Policy.
Area for improvement 2 Ref: Standard 8.12 Stated: Second time To be completed by: 9 May 2019	The registered person shall ensure 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. A copy of the quality report for 2018 is to be submitted to RQIA within identified timeframes. Ref: 6.2 Response by registered person detailing the actions taken: The Annual Report for 2017-18 was received by RQIA from Mr Paul Gemmell previous registered manager. Mr Stephen Moffett has been instructed to complete an annual report for 2018-19 period and will be submitted to RQIA by 31.05.19 as agreed with Mrs McCann inspector.
Area for improvement 3 Ref: Standard 9.5 Stated: Second time To be completed by: 30 May 2019	The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures. This relates to supervision policy, disciplinary procedures, data protection policy and a training and development policy. Ref: 6.2 Response by registered person detailing the actions taken: The identified corporate policies and procedures have been brought to the attention of the senior managers within the relevant Trust departments who have ownership of these. The supervision policy is currently under review at present and will be updated accordingly. The review of the Data Protection Policy is currently out for consultation at present and will be updated accordingly. The disciplinary policy is a regional policy. There is currently a working group reviewing this policy which comprises of management and trade unions. There has also been a number of workshops carried out across the region to get feedback from people who have been involved in the process. It is envisaged that a new Disciplinary

	<p>Policy will be out this year.</p> <p>The review dates indicated within other corporate policies and procedures are set by the Trust and are not legislative.</p> <p>Therefore, staff are to continue to adhere to the policies and procedures whilst awaiting being updated.</p>
Area for improvement 4 Ref: Standard 2.1 Stated: Second time To be completed by: 11 April 2019	<p>The registered person shall ensure that the service user's guide contains information on the following:</p> <ul style="list-style-type: none"> • 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 • the address and telephone number of the Regulation and Quality Improvement Authority <p>A copy of the amended Service User Guide is to be provided to RQIA with the returned QIP.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The service user guide has been updated as per above guidance and a copy has been attached to this QIP as requested.</p>
Area for improvement 5 Ref: Standard 12.1 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that newly appointed staff to the supported living service should have a structured orientation and induction process, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Trust currently plans to split Struell Supported Living Service from Struell Lodge Residential Service.</p> <p>This is an opportunity for staff roles and responsibilities to be reviewed and more clearly defined and subsequently the registered manager will update induction and orientation process.</p> <p>There is also a corporate review of the induction process for new staff ongoing in which the Regulated Services Manger attends.</p>

	The outcomes of this will also be incorporated within induction and orientation processes on completion of the review.
Area for improvement 6 Ref: Standard 12.3 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that staff mandatory training requirements are met. Ref: 6.4
	Response by registered person detailing the actions taken: Training year plans for face to face training and e-learning audits have been provided for each staff member within the service. The Directorate continues to undertake an annual audit re-completion of mandatory training within all regulated services. Any subsequent issues are brought to the attention of each registered manager to address within their teams. This will continue to be monitored by the Regulated Services Manager along with all the registered managers to ensure continued future compliance..
Area for improvement 7 Ref: Standard 15.10 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that a robust complaints process is implemented and maintained, specifically, that the management of individual complaints are thoroughly documented and demonstrate complainants' level of satisfaction/dissatisfaction with any and all actions taken. Ref: 6.7
	Response by registered person detailing the actions taken: The registered manager will ensure that all staff complete the Trust's Complaint Procedure Training where this is required. The registered manager will also maintain a record of all formal and informal complaints detailing how they were addressed and actions agreed to resolve and outcomes of complainant's level of satisfaction. Meanwhile staff will also continue to inform the Trust's Complaints Team via completion of relevant formal and informal complaint response templates.

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



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