

Unannounced Care Inspection Report 12 December 2017



Struell Lodge Supported Housing Scheme

Domiciliary Care Agency / Supported Living
2 Ardglass Road, Downpatrick, BT30 6JG
Tel No: 028 4451 3850
Inspector: Amanda Jackson

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 that provides domiciliary care services to five tenants in their own homes at two addresses in Downpatrick. The agency's registered office is located at the Struell Lodge residential home. Under the direction of the Manager Mr Paul Gemmell a staff group of five provides a range of support and personal care services to five service users. The agency works in partnership with the NIHE's Supporting People Programme. The scheme works under the auspices of Choice Housing Association and the South Eastern Health and Social Care Trust (SEHSCT).

The scheme provides care and support for people with learning disability to enable them to live full and valued lives as independently as possible in their own home. Service users are actively encouraged to be part of the community in which they live and are supported to maintain their interests and leisure pursuits. The service has plans to expand further in 2018 to include a third property within the locality area.

3.0 Service details

Organisation/Registered Provider: Struell Lodge Supported Housing Scheme	Registered Manager: Mr Paul Gemmell
Responsible Individual(s): Mr Hugh Henry McCaughey	
Person in charge at the time of inspection: Mr Paul Gemmell	Date manager registered: 28 October 2016

4.0 Inspection summary

An unannounced inspection took place on 12 December 2017 from 09.30 to 15.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families, staff and Health and a Social Care Trust (HSCT) professionals during the course of the inspection were positive with four service users, two staff, one relative and one HSCT professional presenting good feedback.

Seven areas were identified for improvement and development. These related to the NISCC registration renewal process for staff. Staff supervision is to be completed in line with the agency timeframes and review of a number of agency policies in accordance with the Domiciliary Care Agencies Minimum Standards, 2011. Monthly monitoring reports have been requested for review and submission to RQIA ongoing together with submission of the annual quality report for 2017. Revision of the Statement of Purpose and Service User Guide has also been required for review.

Service users, family and the professional communicated with by the inspector, presented a range of mixed feedback regarding the service provided by Struell Lodge Supported Housing Scheme in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the manager during 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.

Following discussions with the service users, one family member, the staff and one HSCT professional it was noted there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, family and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	4

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

4.2 Action/enforcement taken following the most recent care inspection dated 30 June 2016

No QIP resulted from the care inspection dated 30 June 2016.

5.0 How we inspect

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

- previous inspection report
- record of any notifiable events for 2016/2017
- Record of any complaints notified to the agency

On the day of inspection the inspector spoke with four service users who are supported by Struell Lodge Supported Housing Scheme to obtain their views of the service.

The inspector also spoke with the manager and two senior support workers.

Following the inspection the inspector spoke with one family member by telephone. The inspector also spoke with one HSCT professional following the inspection day to obtain their views of the service. The service users spoken with have received assistance with the following:

- social support
- support with personal care needs
- support with medication management
- support with budgeting.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service

provision. No questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users/family members. One questionnaire was returned, the responses have been included in the report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding and whistle blowing.
- Two long term staff members' supervision and appraisal records.
- Two long term staff members' training records.
- Staff training matrix.
- Staff meeting minutes.
- A range of staff rota's.
- Staff NISCC registration processes.
- Statement of purpose.
- Service user guide.
- Three long term service users' records regarding ongoing review, and quality monitoring.
- Three service users' home records.
- Service user/tenant meeting/house meeting minutes.
- Three monthly monitoring reports.
- Communication records with HSCT professionals through annual reviews.
- Two compliments

No areas for improvement were identified at the last care inspection on 30 June 2016.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent care inspection dated 30 June 2016

The most recent inspection of the agency was an unannounced care inspection dated 30 June 2016.

6.2 Review of areas for improvement from the last care inspection dated 30 June 2016

No areas for improvement were made following the inspection dated 30 June 2016.

6.3 Inspection findings

6.4 Is care safe?

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

The inspector was advised by four service users, one family member and one professional spoken with that the safety of care being provided by the staff at Struell Lodge Supported Housing Scheme was of a good standard.

Policies and procedures relating to staff recruitment and induction were held on site. The manager confirmed all policies are accessible on the service intranet.

The manager verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. No new staff had been recruited within the service since the previous inspection.

The service has not introduced any new staff members to the service since the previous inspection and hence staff induction processes were not reviewed. The service has no bank or agency staff in place.

Discussions with the manager and support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has not been implemented by the organisation. The manager provided evidence of staff registration certificates in staff files however a checking process for renewal of registration has not been implemented and this was discussed as an area for improvement. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion during staff supervision.

Staff spoken with during the inspection where able to describe their registration process, what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users, family or professional

Four service users spoken with confirmed that they could approach the support staff if they had any issues and were satisfied matters would be addressed. Services users also confirmed they were familiar with the manager and could speak with him if speaking to staff was not appropriate. The manager confirmed communication with the service users' is ongoing and includes interaction with the Health and Social Care Trust (HSCT) professionals and families. Service users, family and the professional spoken with confirmed communication is good and in a timely and professional manner. Examples of some of the comments made by the service users, families and the HSCT professionals are listed below:

- "Staff are very good".
- "I have no issues".
- "Staff are very good with xxx".
- "No issues".

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were discussed with the staff team and confirmed as available on the service intranet. The agency has not developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The trust are currently working within the principles of the 2015 guidelines. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable in respect of their roles and responsibilities regarding safeguarding. Both staff spoken with were familiar with the new regional guidance and revised terminology with exception to the term 'safeguarding champion' and who this would be within the trust; this feedback was shared with the manager during inspection. The revised training programme is being rolled out to all staff during 2017 and 2018.

The inspector was advised that the agency had no safeguarding matters since the previous inspection which were reportable to RQIA. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager confirmed processes which would be used to address any matters arising. No such matters have arisen since the previous inspection.

Staff training records viewed for 2016-17 confirmed all staff were in the process of completing the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained a number of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the trust central training e-learning programme with practical training in areas such as restrictive practices as necessary. Review of staff records confirmed mandatory training in line with agency procedures. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required.

Records reviewed for two staff members evidenced mandatory training and appraisal compliant with agency policy timeframes. Staff appraisals were found to be consistently referenced within staff records reviewed however monthly supervisions in accordance with the agencies timeframes were not evident and has been highlighted for improvement. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes, records had been signed by those involved including the service users where appropriate. Communication with service users, family and HSCT professional during inspection process supported ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with HSCT professionals was confirmed during inspection discussions.

Service users, family and the HSCT professional communicated with by the inspector, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels at present.

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

One service user questionnaire was received post inspection and confirmed the service user was satisfied with care provided.

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff training and appraisal. Staff supervision and checking processes in respect of staff NISCC registration has been identified as areas for improvement. Review of service users' support needs were found to be ongoing. Feedback from service users, family and one HSCT professional supported consistency in support provided to service users by the agency.

Areas for improvement

Two areas for improvement were identified during the inspection and relates to staff supervision consistent with the agency's policy timeframes. A checking process for staff renewal of NISCC registration was also highlighted for improvement.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The inspector was informed by the four service users', family and one HSCT professional spoken with that there were no matters arising regarding the support being provided by the staff at Struell Lodge Supported Housing Scheme.

No specific issues regarding communication between the service users, families and staff were raised with the inspector. Reviews were discussed with service users who confirmed they were involved in reviewing their support needs. The manager confirmed service users and other stakeholders do not receive a questionnaire to obtain their views of the service as part of an annual quality review process; an area for improvement has been stated. The inspector discussed the need to incorporate findings from all stakeholder groups into a complete annual review of the service and ensure any actions requiring review are clearly detailed. Service user feedback has been ongoing over time together with relative and professional feedback through service user reviews, and through monthly monitoring completed in the service. These processes were confirmed during inspection.

Examples of some of the comments made by service users, family and one HSCT professional are listed below:

- "Staff are good at supporting us".

- “They’re all good”.
- “They help us to plan holidays and outings”.
- “They support us well”.
- “We are happy living here”.
- “xxx has come on leaps and bounds”.
- “xxx is doing great”.
- “Staff are receptive to professional feedback”.
- “Staff are good and understand why support is as directed by the team”.
- “There is always someone senior to speak with”.
- “As a family we are very pleased about xxx care and needs. Xxx really enjoys living there and mixes well with friends and housemates. All the staff know xxx and go to great lengths to look after xxx”.

Service user records included reviews completed by the agency annually or more frequently with the trust and evidenced service users views are obtained and incorporated. Review of support plans within the agency supported an ongoing process involving service users and keyworkers; the support plans are signed by service users where appropriate. Involvement in reviews was discussed with service users during inspection and all confirmed involvement in this process.

The service has not introduced any new service user since the previous inspection. The manager confirmed the statement of purpose and service user guide are provided to new service users at introduction to the service and this was reviewed within the longer term service user files during inspection. Review of the statement of purpose and service user guide highlighted a few areas requiring amendment. These included the manager qualifications and experience and the timeframes for complaints resolution together with the arrangements for RQIA inspections and how to access the inspection reports. Two areas for improvement have been stated.

The agency maintains recording sheets for each service user on which support staff record their daily input. The inspector reviewed three completed records and found the standard of recording to be good. The service also completes a monthly review of service users’ needs and these were reviewed during inspection and held centrally within service user files. Service users’ discussed this ongoing process and the benefit of reviewing their progress on an ongoing basis.

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

One service user questionnaire was received post inspection and confirmed the service user was satisfied that the care provided was effective.

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service

users, family and the HSCT professional was positive regarding the effectiveness of service support.

Areas for improvement

Three areas for improvement were identified during the inspection. The Statement of purpose and service user guide has been required for review together with inclusion of all stakeholders in the annual quality review process.

	Regulations	Standards
Total number of areas for improvement	1	2

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 service users, family and HSCT professional spoken with by the inspector felt that care was compassionate.

Views of service users are sought through a monthly monitoring process or more frequently as required as detailed under the previous sections. Examples of some of the comments made by the service users, families and professionals during the inspection are listed below:

- “Staff are very good”.
- “I got on well with all of them”.
- “Staff interact well with xxx”.
- “xxx is better living there with people she enjoys spending time with”.
- “xxx loves it there”.
- “xxx really enjoyed their recent 75th birthday party which staff supported xxx to plan”.

The agency implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users alongside HSCT professionals and staff feedback. Family contact had not been sought over recent months and this was discussed with the manager during inspection for review.

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

One service user questionnaire was received post inspection and confirmed the service user was satisfied that care provided was compassionate.

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, families, the HSCT professionals and staff on the day of inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	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.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff, families and the HSC professionals and compliments received by the service include:

- “I really enjoy working here”.
- “There is a good and long standing staff team, we have been working with the service users for years”.
- “I just want to thank you very much for being with me on holidays and for helping me with my finance money”
- “Thank you for everything”
- “The staff are great and have known xxx for years”.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager, the agency provides domiciliary care/supported living to five adults living within the Struell Lodge Supported Housing Scheme.

The agency’s complaints information viewed was found to be appropriately detailed and included reference to independent advocacy services.

The policies and procedures are maintained on the service intranet and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was not found to have been implemented consistently within all policies reviewed including the disciplinary, safeguarding, data protection and training and development policies due for review; an area for improvement has been stated. There was no evidence of a training and development policy and again this was raised for review. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings/group supervisions which take place on an ongoing basis and were evident during inspection.

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

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. No incidents had arisen since the previous inspection.

The inspector reviewed the monthly monitoring reports for July, August and September 2017. The reports evidenced that the monthly monitoring is carried out on a peer review basis across different supported living and day care services. Monthly monitoring was found to be in accordance with minimum standards regarding input from service users, staff members and professionals but did not include family feedback and evidenced inconsistencies in respect of other matters. The inspector shared these inconsistencies across reports. Matters arising included actions plans for one month not fully reflected in the next monthly report. The reports also need to be more explicit in relation to file audits completed to ensure comprehensive review of all records over a period of time. Family feedback is required to be captured and review of ongoing staff training in specific areas identified as not having been completed. A number of matters were consistently repeated with no date for completion and hence no evidence of improvement. An area for improvement has been stated regarding submission of monthly reports to RQIA post inspection for review.

Discussion with two support staff during inspection indicated that they felt supported by their manager and within the staff team at Struell Lodge Supported Housing Scheme. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during the inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with one family member and the HSCT professional during inspection process supported an open communication process with staff at Struell Lodge.

One service user questionnaire was received post inspection and confirmed the service is well led'.

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring of service users support needs and maintaining relationships with key stakeholders were also evident.

Areas for improvement

One area for improvement has been identified during the inspection in relation to monthly monitoring reports and their required submission to RQIA following inspection for ongoing review. Review of policies periodically in line with Regulations and Standards was also detailed within the QIP.

	Regulations	Standards
Total number of areas for improvement	1	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 Mr Paul Gemmell, manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) and Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection and ongoing</p>	<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> <p>Response by registered person detailing the actions taken: All Supported Living staff within the service will continue to be audited in terms of live NISCC registration on at a least monthly basis, by the Registered Manager, as well as being checked within each supervision session.</p> <p>The date of renewal of registration will be included within the audit proforma agreed with RQIA to ensure renewal is completed by staff in a timely fashion and prevent risk of registration lapses.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017 and ongoing</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>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>Response by registered person detailing the actions taken: The Trust acknowledges there is an inconsistency in the way in which Quality Monitoring is completed by individual monitors. As requested, the Registered Manager will forward reports of quality monitoring to RQIA each month. Discussion regarding the standard and focus of reports at inspection, will be discussed by the Registered Manager in terms of shared learning and quality improvement at the shared learning forum.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First time</p> <p>To be completed by: 12 January 2018</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>Response by registered person detailing the actions taken: The Registered Manager has amended and updated the statement of purpose as required by 12 January 2018.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2018 and ongoing.</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Response by registered person detailing the actions taken: Supervision continues to occur as per policy and procedures, and is recorded and filed in individual staff files for access and reference.</p> <p>The Manager has planned, coordinated supervisions on a proactive matrix format, as agreed with RQIA. Completion is also recorded on the matrix, for ease of reference, when required for audit and inspection purposes.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: Quality report to be submitted to RQIA with the QIP</p>	<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>Response by registered person detailing the actions taken: The Registered Manager has completed the annual report and which has been forwarded to RQIA.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: 07 June 2018</p>	<p>Policies and procedures are subject to a systematic 3 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>Response by registered person detailing the actions taken: The Registered Manager has brought this requirement to the attention of the Adult Disability Services Senior Management Team. The Trust currently has a policy and procedures working group which has the responsibility to review corporate policies and procedures. This requirement will be brought to the attention of the working group by Patrick Robinson, Regulated Services Manager. Mr Robinson will also contact the lead managers for safeguarding, data protection, disciplinary and training/development to make them aware of the need for the policies and procedures to be reviewed and attempt to identify timescale for review.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 2.1</p> <p>Stated: First time</p> <p>To be completed by: 12 January 2018</p>	<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; and • the address and telephone number of the Regulation and Quality Improvement Authority. <p>Response by registered person detailing the actions taken: The Registered Manager has completed the update of the service user guide as required by 12 January 2018.</p>
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Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews