

Unannounced Care Inspection Report 12 September 2017



PCG Castle Lane Court

Type of Service: Domiciliary Care Agency
Address: 45 Castle Lane, Lurgan, BT67 9BD
Tel No: 02838348937
Inspector: Amanda Jackson

www.rgia.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

PCG Castle Lane Court is a supported living type domiciliary care agency provided by the Praxis Care Group.

The scheme provides care and support for 18 adults. The agency is currently managed by Mrs Cathy Lyness (registration pending), with 32 staff providing physical, social, emotional and spiritual support to service users with varying levels of learning disabilities and mental health needs. The aim of the service is to encourage service user’s independence and social inclusion within the local community. Services are commissioned by the Southern Health and Social Care Trust.

3.0 Service details

<p>Organisation/Registered Provider: Praxis Care Group</p> <p>Responsible Individual: Mr Andrew James Mayhew</p>	<p>Registered Manager: Ms Cathy Lyness (registration pending)</p>
<p>Person in charge at the time of inspection: Ms Cathy Lyness</p>	<p>Date manager registered: Ms Cathy Lyness - application received - "registration pending".</p>

4.0 Inspection summary

An unannounced inspection took place on 12 September 2017 from 09.30 to 16.00 hours.

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

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

Evidence of good practice was found in relation to some areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, relatives, staff and professionals on inspection was conflicting with staff, one professional and two family members presenting positive feedback while five service users and two family members presented feedback which requires review by the agency.

Areas identified for improvement and development were discussed during the inspection and post inspection. Assurances were provided by the manager (registration pending) and the assistant manager that the required improvements would be implemented post inspection.

Service users, relatives and one professional communicated with by the inspector, presented a range of both positive and negative feedback regarding the service provided at Castle Lane Court in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report. The assistant manager confirmed post inspection that meetings with service users and family members have been scheduled in October 2017 to discuss matters arising.

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 manager (registration pending), staff, one Health and Social Care Trust (HSCT) professional and two family members it was noted that there was evidence overtime of positive outcomes for service users. Feedback from five service users and two family members presented information which requires review by Castle lane management.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Cathy Lyness, manager (registration pending), and the assistant 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 August 2017

No further actions were required to be taken following the most recent inspection on 30 August 2017.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2016/2017
- Record of complaints notified to the agency
- Staff recruitment records.

On the day of inspection the inspector spoke with the five service users who live at Castle Lane Court to obtain their views of the service.

The inspector also spoke with the manager (registration pending), the assistant manager, two team leaders, three support workers.

During the inspection the inspector spoke to four relatives and one professional, by telephone or via email to obtain their views of the service. The service users interviewed have received assistance with the following:

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

At the request of the inspector the assistant manager was asked to distribute ten questionnaires to staff for return to RQIA. Six questionnaires were returned. The assistant manager was also asked to distribute ten questionnaires to service users. Seven

questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Two new staff members induction records
- Two long term staff members' supervision and appraisal records
- Two long term staff members' training records
- Staff meeting minutes
- Two agency staff profiles and induction records
- Two new service users' records regarding introduction to the service
- Two long term service users' records regarding review, reassessment and quality monitoring
- A range of staff rota's
- Staff NISCC registration processes
- Service user/tenant meeting minutes
- Three monthly monitoring reports
- Annual quality process
- Communication records with HSCT professionals through annual reviews.
- Statement of purpose
- Service user guide
- Three compliment records
- One incident record
- Three complaints record
- One safeguarding record.

No areas for improvement were identified at the last care inspection.

The findings of the inspection were provided to the manager (registration pending) at the conclusion of the inspection. Further feedback was provided post inspection to the assistant manager, this feedback related to feedback from questionnaires, family and HSCT professionals.

6.0 The inspection

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

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

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

There were no areas for improvement made as a result of the last care inspection.

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 five service users, four relatives and one professional spoken with that the safety of care being provided by the staff at Castle lane court was good. One family did raise a concern regarding the emergency call bell being answered in a timely manner; this matter was discussed with the manager (registration pending) post inspection.

Policies and procedures relating to staff recruitment and induction were held on site. The assistant manager confirmed all policies are accessible on the service website. The assistant manager provided evidence of a range of policies on the website during inspection.

The manager (registration pending) verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. Review of staff recruitment records within the services human resources department prior to inspection confirmed compliance with Regulation 13 and Schedule 3.

The service has introduced an assistant manager and one support staff to the service over the past year. The service has also provided several agency staff over a period of time since the last inspection due to staff shortages. An introduction/induction process for the new and agency staff was reviewed and covered the main areas for appropriate induction. However, induction records are not held centrally within the service for inspection review and this matter was discussed with the manager (registration pending) for review. This matter was also shared with senior management within the organisation post inspection for review across all services to ensure continuity in practice. Feedback from the assistant manager post inspection confirmed staff induction records are now held at the agency office.

An induction programme was reviewed with the manager (registration pending) and discussed with staff at inspection. The induction process is recorded and signed off by the individual staff member and senior staff or manager during the induction. The manager (registration pending) confirmed with the inspector the NISCC induction standards are embedded within the Praxis induction programme for all staff.

Discussions with the manager's and other support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has begun but has not been fully embedded by the organisation. The manager (registration pending) provided evidence of this process which detailed staff registration status, number and renewal date on certificates in staff files. The manager (registration pending) provided assurances a process of review would be fully embedded post inspection. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

Staff spoken with during the inspection where able to describe the process for registering with NISCC; 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, relatives or professional communicated with during inspection. One relative did highlight that previous training provided by HSCT professionals was of benefit to the staff team in supporting their family member but due to frequent and ongoing changes in staff this has not been embedded in practice. This feedback was shared with the manager (registration pending) post inspection.

Service users and relatives spoken with confirmed that they could approach the support staff if they had any issues; however feedback highlighted a lack of staff consistency and continuity in managing matters which arise. Service users stated they inform staff but are not listened to while two family member's also highlighted issues with poor communication and being unable to discuss matters with appropriate staff with a working knowledge of their family member. Examples of some of the comments made by the service users, relatives and professional are listed below:

- "Staff don't listen to us".
- "Staff listen into our personal conversations with others".
- "When I ring to speak with xxx keyworker they are seldom available and do not call you back. When you do speak to staff it is often with a keyworker who has limited knowledge of xxx. The culture in the organisation and staff changes do not provide for a good quality service with continuity for my xxx".
- "Peace of mind for the family".
- "I have raised issues around security in the past but nothing changes".
- "I used the emergency call button on an occasion and it wasn't answered by staff, this concerns me should xxx require attention in an emergency".

This feedback was shared with the manager (registration pending) and assistant manager post inspection.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency has 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 agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable regarding their roles and responsibilities in regard to safeguarding and were familiar with the new regional guidance and revised terminology which is currently being rolled out within Praxis training programmes. Update training was discussed with the manager (registration pending) at inspection as ongoing.

The inspector was advised that the agency had one safeguarding matter since the previous inspection. Review of the information during inspection supported appropriate procedures in place. 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 (registration pending) discussed processes used to address any matters arising. One matter of regarding staff practice is currently ongoing and is being managed by Praxis head office.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained each of the required mandatory training subject areas and additional training specific to the service users needs. Training is facilitated through the Praxis central training e-learning programme with staff competence for medication completed on site. Review of staff records supported the competency process being completed annually. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered and confirmed annual medication competency assessments. Review of agency staff profiles during inspection confirmed staff training.

Records reviewed for two staff members evidenced mandatory training, supervision and appraisal compliant with the agency's policy requirements and timeframes. Full details of staff training in compliance with Standard 12.7 were reviewed during inspection. Staff supervision and appraisals were found to be consistently referenced within staff records reviewed. 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 (registration pending) confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of two service users' records evidenced ongoing review processes, records had been signed by those involved including the service users where appropriate. Communication with service users, relatives and one professional during inspection presented conflicting responses regarding ongoing review with service user involvement. The manager (registration pending) confirmed that trust representatives were contactable when required regarding service user matters, and communication with trust professionals was confirmed during inspection with one HSCT professional.

Service users, relatives and a HSCT professional communicated with by the inspector; discussions with staff and review of agency rotas suggested the agency have some ongoing staff recruitment requirements. Current staffing levels are being met by the services own staff and agency staff. Current staffing levels appeared appropriate on agency staff rota's reviewed at inspection. One relative highlighted the adverse effects ongoing changes in staffing can have on their relative but did accept that this can be a challenge within other services. This feedback was provided to the manager (registration pending) post inspection.

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

Six staff questionnaires received confirmed that update training, supervision and appraisal had been provided on a regular basis. One staff commented, 'Excellent plans and protocols in place ensure the safety of all within the service. Continuous input/partnership work with the multi-disciplinary team'. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Seven service user questionnaires indicated that they were 'satisfied' with care and support provided within PCG Castle Lane Court. They felt safe and protected from harm and could speak with staff if they had concerns.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitment, training, supervision and appraisal. Review of service users support needs were also found to be ongoing however feedback from service users and a number of relatives presented a range of challenges within the service in relation to consistency and continuity of staff and in respect of communication and support provided by the agency staff.

Areas for improvement

One area for improvement was identified during the inspection in response to feedback received from five service users and two relatives regarding service quality. This feedback was shared with the manager (registration pending) and the assistant director for the service. The inspector requested review and appropriate follow up to this feedback.

	Regulations	Standards
Total number of areas for improvement	1	0

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 five service users', four relatives and a HSCT professional spoken with that there were a number of matters arising regarding the support being provided by the staff at Castle lane court.

Issues regarding communication between the service users, relatives and staff from Castle lane court were raised with the inspector. Reviews were discussed with service users and relatives who stated they were involved in reviewing the support needs however inconsistency of staff and lack of keyworker and HSCT professional input had led to a disjointed review process with support and communication which is not at the expected standards for those receiving support and their families. Two relatives did speak positively regarding the support and care provided within Castle lane court and the communication they receive from the agency's staff. The manager (registration pending) confirmed service users and relatives receive a questionnaire to obtain their views of the service as part of the annual review process. The process for obtaining service user feedback has been ongoing over time however relative and professional feedback has only recently begun. Review of two returned questionnaires during inspection presented mixed comments regarding Castle lane court. The inspector discussed Standard 8.12 and the need to reflect service feedback on an annual basis in line with the standard and sharing the outcomes with all stakeholder groups.

Examples of some of the comments made by service users, relatives and professionals are listed below:

- "There is a lack of activities and outings and when they are organised they are often cancelled".
- "Inconsistency of staff and communication with staff is poor, nobody can answer your question that's if you can get someone to answer the phone or return your call".

- "Family have to raise matters to get them addressed".
- "xxx attends tenant meetings and participates as needed".
- "Communication is good".
- "Communication is inconsistent".
- They take xxx to appointments".
- "Family need to keep matters under review constantly to ensure all needs are met".
- "Staff are fine and help to support xxx, they do their best".

Service user records included evidence of reviews completed by the agency annually or more frequently with the HSCT and evidenced that service users views are obtained and where possible 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 but all service users spoken with did not find this a positive experience of active involvement.

The service user guide was reviewed during inspection and confirmed compliance in accordance with Standard 2.2. The service has introduced two service users' into the service over the past year. The manager confirmed the guide is provided to new service users at introduction to the service.

The agency maintains recording sheets in each service users' home file on which support staff record their daily input. The inspector was unable to review completed records as service user meetings during inspection took place outside of their own homes at the agency central office. The assistant manager confirmed ongoing completion and review of service users' daily records. The service also completes a monthly review of service users' needs and these were reviewed during inspection and held centrally within service user files.

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

Six staff questionnaires received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them. One staff commented, 'Regular reviews, monitoring changes for all service users in place. Additional activities, programmes, holidays overnight are put in place at tenant's request.'

Seven service user questionnaires supported they were 'satisfied' with the care and support provided. They felt involved in care and support planning and reviews. One service user commented, 'The staff could help with certain things I can't do, like learning how to iron.'

Areas of good practice

There was evidence of ongoing review provided by staff and communication between service users, support staff and other key stakeholders. Feedback from service users and family was mixed regarding the effectiveness of service support and this was shared with the manager (registration pending) during and post inspection for review. Feedback was also shared with the assistant director for the service.

Areas for improvement

No areas for improvement were identified during the inspection in respect regulations and standards however review of matters highlighted by service users and relatives have been requested for review by the management team post inspection as detailed under the previous section 'Is care safe'.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Four relatives and one professional spoken with by the inspector felt that care was generally compassionate. The relatives and professionals advised that support staff do their best within the service confines to treat the service users with dignity and respect, and to provide care and support of a reasonable standard.

Views of service users are sought through an annual review process as detailed under the previous section. Examples of some of the comments made by the service users and relatives during the inspection and received by the service as compliments are listed below:

- "Staff talk down to us".
- "Some staff are better than others".
- "To each and every one of you special people, we could never have coped without your prayers, love, time and support during xxx's recent time. We are so blessed to have such a caring, compassionate and thoughtful team of people in our lives that go above and beyond the call of duty to help others. Each of you is a credit to your profession and we value your kindness, dedication and friendship".
- "Staff are very friendly towards xxx".
- "Xxx requires more support regarding their diet".
- "Thank you so very much for your great care and attention to xxx after a recent hospital admission. Every one of you are a credit".
- "Staff are very friendly towards xxx"
- "xxx loves the hotel and cinema outings".

The agency implements service user quality review practices on an ongoing basis. Quality monitoring records from contacts during monthly quality visits evidenced positive feedback from service users and their family members alongside HSCT professionals and staff feedback.

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.

Six staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported that appropriate information is provided to service users regarding their rights,

choices and decisions about care. One staff commented, 'Regular meetings are a help in obtaining service user input and provide information on the service.'

Seven service user questionnaires supported that they were 'satisfied' with the area of compassionate care and confirmed the care they received meets their needs and expectations. One service user commented, 'I receive too much care'.

Areas of good practice

There were examples of good practice and areas which require review which were found during the inspection in relation to the provision of compassionate care from feedback provided by service users, relatives, one professional 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. However review of matters highlighted by service users and relatives have been requested for review by the management team following inspection. Review of matters should be reflected in service users' reviews, tenant meetings, staff meetings and the monthly quality monitoring of the service by the assistant director.

	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. Matters for discussion were raised regarding the service and management by five service users and two of the four relatives spoken with during inspection. These matters alongside positive feedback from other relatives and one HSCT professional have been referenced under the previous three sections and further detailed below. These matters were brought to the attention of the manager (registration pending) and assistant director post inspection for review and discussion with service users and family members. Comments made by service users and family members include:

- "Too many people and nobody can answer your questions".
- "Lack of consistency in staff and support worker".
- "Communication is poor".
- "I have not received a questionnaire as part of the annual quality survey".
- "The place is tidy".
- "Brighter lightening outside the facility at night would make it safer".
- "The management and culture of the organisation changes over time and things are changed which are not always the best for xxx".

Comments made by other family members and one HSCT professional include:

- “Really impressed by the dedication and genuine care of staff for the wellbeing of their clients. Cathy is a supportive manager and the team are always thinking outside the box coming up with new ways to help the clients with challenges and increase their mental wellbeing and quality of life. They are very proactive and interested in my views as a Psychologist. They are a pleasure for me to work with and open to hearing psychological perspectives. I wouldn’t hesitate to recommend it as a facility”.
- “Communication is good”.
- “Staff are good”.
- “Organisation is excellent”.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current manager (registration pending), the agency provides domiciliary care/supported living to 18 adults living in Castle lane court.

The Statement of Purpose and Service User Guide were both found to be compliant with the relevant standards and regulations. The agency’s complaints information viewed was found to be appropriately detailed and included reference to independent advocacy services. A range of posters in easy read format were also provided for review.

The policies and procedures which are maintained on the service website were reviewed and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within all policies reviewed during this inspection. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis.

The complaints log was viewed for 2016-2017 to date, with three complaints arising. Review of all matters supported appropriate actions taken. Discussion with the assistant director post inspection confirmed their role in reviewing complaints through the monthly quality monitoring process.

Discussion with the manager (registration pending) confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. One incident in 2017 had occurred and had been appropriately reported to RQIA; records were appropriately retained on site. The inspector also reviewed the service system for alerting ongoing matters/incidents internally to Praxis headquarters.

The inspector reviewed the monthly monitoring reports for June, July and August 2017. The reports evidenced that the assistant director for the service completes this process. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and professionals.

Discussion with five support staff during inspection indicated that they felt supported by their managers and within the staff team at Castle lane court. 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 this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with one HSCT professional post inspection supported an open communication process with staff at Castle lane court and presented positively in terms of staff approach to supporting service users.

Six staff questionnaires received indicated the service is well led with staff indicating satisfaction with the agency management systems. Several staff commented, 'Excellent leadership and management from Cathy, always gives 100% and taking on board service user/staff issues'. 'There is an existing problem with staff shortages which can leave the scheme insufficiently manned which adversely affects both tenants and staff'. 'The manager applies her role well, she interacts with all service users, her management style is the best for this scheme. She has worked hard to allow her staff to retrain to enable them to support all service users meet their potential in life'.

Seven service user questionnaires supported that they were 'satisfied' that the service was well led. One service user commented, 'It takes a while for a response to complaints'.

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 processes and maintaining relationships with key stakeholders were also evident.

Areas for improvement

One area for improvement has been identified during the inspection and has been detailed under the previous three sections to ensure the service is well led in the future.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Cathy Lyness, manager (registration pending), 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 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 14</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>Where 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>(b) so as to safeguard service users against abuse or neglect;</p> <p>(c) so as to promote the independence of service users;</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 person detailing the actions taken:</p> <p>In order to safeguard service users against abuse and neglect we have ensured that this is a topic of discussion at service users meetings which take place monthly. We have made contact with the advocacy service to offer our service users the opportunity to avail of this service. Details of how to make a complaint are displayed on the service user notice board. Cathy Lyness (registered manager) has requested also for the housing officer of Choice housing to meet with the tenants to discuss their role and responsibility as the Landlord.</p> <p>The promotion of our service users independence is paramount within our service. We aim to involve each tenant at all levels and provide them with Choice and empowerment over their lives. Some service users are part of the Up in Policy group whereby they can influence policy within Praxis Care. The manager has been in contact with the HR department to enquire about service users being involved in the recruitment and selection process in order to provide them with choice and empowerment of who works with them within CastleLane Court. We aim to work closely with family members, the trust and any other person involved with the service users care and support to ensure we can offer a comprehensive care package to each individual, all with the aim of increasing independence. Service Users are asked for their input in regards to menu's, activities, their goals and aspirations, their annual reviews, to name a few areas. We will continue to obtain their input formally and informally via monthly meetings and 1:1 interaction.</p> <p>Castlelane Court is staffed 24/7 and the use of external door alarms are in place at night to notify night staff of possible intrusion to the premises. Since the service was established in 2006, there has been no breaches to security of the premises that would put the service users safety at risk as there are protocols in place to ensure the safety of all within Castlelane Court.. The call system within Castlelane Court has been problematic throughout the years and this is an area</p>

we are continuously trying to improve on and update. Currently Choice is updating the system, as well as looking at the telephone system to ensure best coverage of signal throughout the scheme. Health and safety checks are carried out weekly and any maintenance issues reported to the Landlord. Service users are educated on Health and safety of their homes, as well as partaking in regular fire Drills. Access to service users homes does not take place without service user and staff knowledge. Management has highlighted the tenancy to choice and requested tighter forms of communication is upheld going forward. All new staff are introduced to the service users at induction and their names/picture is displayed to illustrate who is on shift daily. We have sought out service users input in regards to staff wearing name badges, the majority have rejected this suggestion. It has been communicated to all staff to ensure that they carry their staff identification with them at all times while on shift so as to reassure family and other care givers of their role within Castlelane Court. We work closely with the community police and they have met with our service users in regards to keeping themselves safe in their homes and within the wider community.

All staff receive training on confidentiality of information, as well as upholding the privacy and dignity of service users. This will be added to the monthly meeting agenda as a point of review and discussion.

Post inspection we have held a family meeting to obtain feedback and input from their perspective, these will take place quarterly going forward. Minutes of the meeting were forwarded to all service users families.

Service user meetings will continue monthly as well as regular communication throughout the month to ensure service users input is obtained.

We will continue to improve and update our communication systems, as well as working closely with the Landlord in respect to areas of concern.

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



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