

Unannounced Care Inspection Report 7 May 2019



L'Arche

Type of Service: Domiciliary Care Agency
Address: 54 Knockbreda Road, Belfast, BT6 0JB
Tel No: 02890641088
Inspector: Joanne Faulkner

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

L'Arche is a domiciliary care agency (supported living type) which provides a range of personal care and support services to 14 service users living in shared accommodation in the local community. Service users have a range of conditions including learning disability issues and require support to enable them to live as independently as possible. Their care is commissioned by the Belfast Health and Social Care Trust (HSCT).

Staff provide care and support to service users in relation to their personal care needs, daily living skills, housing support and emotional wellbeing with the aim of promoting their independence and improving their quality of life.

3.0 Service details

Organisation/Registered Provider: L'Arche Responsible Individual: Mrs Shelia Russell	Registered Manager: Mr Scott William Shively
Person in charge at the time of inspection: Mr Scott William Shively	Date manager registered: 1 April 2009

4.0 Inspection summary

An unannounced inspection took place on 7 May 2019 from 9.50 to 15.00.

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

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. Service users should experience the choices and freedoms associated with any person living in their own home.

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

There were examples of good practice identified throughout the inspection in relation to the agency's processes for staff recruitment, supervision, appraisal, training and adult safeguarding and risk management. The care records were comprehensive, person centred and well maintained and there was evidence of effective communication with relevant stakeholders. There was evidence that care and support was provided in an individualised manner. The culture and ethos of the agency promoted treating service users with dignity and respect and maximising their independence. There was evidence of effective governance and management systems in place.

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

No areas for improvement were identified during this inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 21 June 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 June 2018.

5.0 How we inspect

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

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

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

- discussion with the manager
- examination of records
- consultation with one service user, 12 staff and the relative of one service user
- evaluation and feedback

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

Ten questionnaires were provided for distribution to the service users and their representatives; no responses were received prior to the issuing of this report.

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

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

During the inspection the inspector spoke with 12 staff members, one service user, and the relative of one service. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 June 2018

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 21 June 2018

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 16 (2)(a) Stated: First time To be completed by: 18 August 2018	The registered person shall ensure that each employee of the agency— (a) receives training which is appropriate to the work he is to perform;	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed from training records viewed that the majority of staff had received training which is appropriate to their job role; the agency had a plan in place to address the small number of training updates outstanding.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 23 (5)</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2018</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided, to include consultation with service users' representatives.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified that the agency's quality monitoring process includes details of consultation with service users' representatives.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2019</p>	<p>The registered person shall ensure that 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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted from the reports of monthly quality monitoring visits and the organisation's annual report that the quality of services provided is evaluated on at least an annual basis and follow up action taken.</p>	

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

The agency has a recruitment policy that outlines the procedures for ensuring that required staff pre-employment checks are completed.

Discussions with the manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The manager stated that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed; the agency retains details of all information relating to individual staff recruitment.

The reports of quality monitoring audits viewed indicated that an audit of staff files, including staff pre-employment checks is completed.

Discussions with staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency. It was identified that staff are required to complete an induction workbook which is linked the Northern Ireland Social Care Council's (NISCC) Standards. Staff talked positively about their induction and indicated that it had provided them with the knowledge and skills to meet the needs of service users.

Staff who spoke to the inspector stated that shadowing other staff provided them with the opportunity to become familiar with the needs of individual service users and ensured that service users were introduced to new staff prior to them providing care.

The system for ensuring that staff provided at short notice have the knowledge and skills for their job roles was discussed with the manager. The manager stated that all staff must complete the full induction programme prior to providing care; this is to ensure that continuity of care is achieved and to promote the dignity and respect of service users.

It was noted that the agency aims to provide quarterly supervision and an annual appraisal to staff. A record of staff supervision and appraisal is maintained. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff indicated that they participate in developing individual development plans as part of the annual appraisal process. It was positive to note that staff supervision and appraisal information viewed was retained in a well organised manner.

It was identified that the agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the NISCC. The manager stated that staff are not supplied for work if they are not appropriately registered.

The manager and staff could describe the process for identifying individual training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training was informative and had equipped them with the required knowledge and skills for their role. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service user's human rights in all aspects of their lives. Staff commented: "Training is good, you can request additional."

The agency has a system for recording staff training; it is reviewed by the inspector. Training records viewed indicated that staff had completed relevant training. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, managing challenging behaviours, professional boundaries, mindfulness, medication and safeguarding/human rights.

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

Discussions with the manager and staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns appropriately and in a timely manner.

It was noted that staff are required to complete safeguarding training during their induction programme and regular training updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding and child protection.

The inspector reviewed the agency's Adult Safeguarding Position report for the period April 2018 to March 2019 and noted it provided details of matters relating to adult safeguarding. It was noted that the agency is represented on the Northern Ireland Adult Safeguarding Network.

The service user and a relative who spoke to the inspector could describe what they would do if they had any concerns in relation to safety or the care and support provided. The service user stated that they could speak to staff or the manager at any time and felt that their concerns would be listened to and addressed.

Discussions with the manager and records viewed relating to adult safeguarding evidenced that the agency has a process for maintaining a record of referrals made to the HSCT safeguarding team and other relevant stakeholders with regard to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that referrals made to the HSCT in relation to adult safeguarding matters from the date of the last care inspection had been managed appropriately.

Staff had a clear understanding of their role and responsibility to identify and report actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Service users and a relative spoken with, indicated that they had no concerns regarding the safety of care being provided by the agency. They stated that new staff are introduced to them; service users valued this in terms of their dignity and in addition that all staff provided had the required knowledge of the care and support they required. Those consulted with confirmed that they could approach the care workers and manager if they had any concerns. Example of a comment made by a relative;

- "Staff are supportive."

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. Discussion with staff during of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. Staff stated that on occasions when they experience staff shortage that they 'pull together' to ensure the service users are not affected.

Staff confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. It is felt that this can have a positive impact

on the service users' experience in accordance with their human rights. There were no concerns raised with the inspector in relation to the service users' needs being met.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The manager and staff could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives.

The agency contributes to reviews involving the service users' HSCT keyworkers as appropriate. It was positive to note that the human rights of service users were clearly recorded in their individual care and support plans.

Staff who spoke to the inspector were knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and views are taken into account. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

The service user who spoke to the inspector stated that they had choice and indicated that staff listened to them and respected decisions made. In addition they indicated that staff talked to them about their needs.

Staff and a service user who spoke to the inspector stated that they felt care was being provided in a safe manner. Staff could describe how they observe service users, noting any change in dependency, ability or behaviour take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Information relating to service users was noted to be stored securely. Staff could describe the importance of storing confidential information in accordance with data protection guidelines. It was noted that General Data Protection Regulations (GDPR) had been discussed with staff.

The agency's office accommodation is located in Belfast. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection records were stored securely and in a well organised manner and that computers were password protected.

Comments received during inspection process.

Staff comments

- "We aim to provide person centred care."
- "Human rights are promoted even when the service user's wish to participate in activities that have the possibility of creating a risk."
- "Training is good; we can request additional training."
- "Even when staff shortage the needs of the core members (service users) always put first; staff will do extra shifts etc."

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

The agency has a data protection policy outlining the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in a well organised and secure manner. It was identified that staff had received information relating to record keeping and confidentiality during their induction programme

Service user care records viewed were noted to include referral information received from the relevant HSCT representative; they included risk assessments and care plans. The review of the individual service user care records identified that they were person-centred and retained securely and that they contained a range of comprehensive assessments and care plans.

Care plans viewed were noted to be comprehensive, providing a detailed, step by step account of care and support required. In addition, they contained details of specific choices made by service users and made reference to their human rights. It was noted that some of the information had been presented in a pictorial format. The service user who spoke to the inspector stated that they were supported to make choices in relation to the care they received and were involved in developing their care plan.

The manager and staff could describe the processes used for supporting service users and where appropriate their relatives to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and a relative and observations made evidenced that staff communicate appropriately with service users. The manager stated that a range of information is provided to service users and their relatives at the initial visit to the agency.

It was noted that care review meetings with service users/relatives had been completed; the manager stated that this is beneficial to ensure the needs of service users were being met.

It was noted that a number of reviews included representatives from the relevant HSCT. The service who spoke to the inspector stated that they felt valued and that staff listen to their views and respect their choices in relation to their care.

The manager and staff could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders. A relative could describe the ongoing engagement and support received from the HSCT community team and the agency's staff team in relation to her relative's care and support since moving to one of the shared houses.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for new service users or with changes to existing service users' care plans. Staff discussed the methods used to ensure information is communicated and shared in a timely manner.

The agency facilitates regular staff meetings; staff stated that they are encouraged to attend and provided with the opportunity to express their views and opinions.

The service user and a relative who spoke to the inspector stated they had no concerns regarding the conduct of staff providing the care and support. No issues regarding communication between the service users, relatives and staff from the agency were raised.

Examples of some of the comments made by the relative are listed below:

- "I have no concerns; I am happy with the care **** gets."
- "Staff are really lovely and good."
- "Staff have arranged a work placement for ****."
- "Finding it difficult to let go; staff supportive."
- "I attend meetings with the social worker, staff, and my relative to discuss what's working and what's not working."

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

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of the care records and the agency's communication and engagement with service users, and where appropriate their relatives and other key stakeholders.

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

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

It was identified that staff receive awareness training in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff, service users and a relative, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. One service user stated that staff respect their views and choices and could describe how staff treat them with respect. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding.

All those individuals who spoke to the inspector described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users and could describe the process for raising concerns with the manager in relation to any identified risks.

The service user and a relative who spoke to the inspector indicated that service users have choice and stated that staff respect their views, wishes and choices. Some comments made were "Staff are good."; "I speak to staff if worried; I have no problem here." The relative stated that staff will identify areas/issues that need attention and have supported their relative to become more independent in a range of areas.

Service user care records viewed in the agency office were noted to clearly outline the information relating to the needs of service users and their individual choices and preferences. The service user who spoke to the inspector could describe how they are supported to make decisions about the care and support they received. A relative of one service user stated that they are involved in the care planning process.

Staff described how they endeavour to provide the care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices.

Staff could describe the value of developing rapport with service users, and the need to be mindful of their individual wishes and preferences.

Staff spoken with commented:

- "We link everything back to the core values."
- "Service users have choice."
- "We do day to live with the core members (service users)."
- "Not just about the individual but encouraging service users in community values."
- "Staff go over and above to ensure the needs of the service users are met."

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

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. The manager and staff could describe how the training provided equips them to engage with a diverse range of service users.

The inspector spoke to a number of staff during their staff meeting and noted that the needs of individual service users are discussed and that staff strive to consider ways of improving the service provided. Staff discussed how they had identified that communication within the team could be improved/enhanced and have developed ways to provide more effective communication. Staff talked in a positive manner about the methods used to ensure that care is provided in an individualised way.

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

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment and care planning

It was positive to note that the agency had provided information in an alternative format for one service user to promote a clearer understanding of the information being provided.

From records viewed and discussions it was identified that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of care review meetings, one to one meetings, weekly service user meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders.

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

The service user and relative who contributed to the inspection indicated that they felt care provided was compassionate; they advised that staff treat them and the service users with dignity and respect.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of

improving the quality of the service provided. There was evidence that the agency had arrangements in place for consistently promoting human rights; this has led to good outcomes for service users.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the registered manager supported by a number of team leaders, and care and support staff.

Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, weekly meetings and care review meetings.

Staff who spoke to the inspector confirmed that there had good working relationships with the management team and office administrative staff. Staff spoken with commented:

- “We are happy; very good support.”
- “Can raise issues.”
- “The manager is approachable.”

The agency has a range of policies and procedures which are retained in the agency’s office where staff can access them. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency’s complaints policy outlines the process for managing complaints; discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive awareness training in relation to management of complaints during their induction programme. The service user and relative spoken to could describe the process for raising concerns; this indicated that service users/relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the manager that complaints received by the agency since

the previous inspection had been managed in accordance with their policy. Complaints are audited on a monthly basis as part of the managers auditing process and the quality monitoring system. The agency retains a record of compliments received.

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

The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The manager and staff could clearly describe the rationale for regularly reviewing the quality of the services provided.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles. It was noted that staff are provided with a job description at the commencement of employment; in addition staff receive details of the organisations Code of Conduct and Values. Staff indicated that the manager and senior staff are approachable and supportive.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

The service user and relative confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised with the inspector. The service user commented, "I am assisting **** (the manager) with work in the office; I can ring the manager if I want."

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

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

The organisation has developed a process for completing monthly quality monitoring audits. The inspector viewed the agency's quality monitoring reports of the visits completed by the registered person or the organisation's board members. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users, and where appropriate their representatives.

The reports included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals, and complaints and details of any actions taken following the identification of any issues.

Areas of good practice

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

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

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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