



# Unannounced Care Inspection Report 30 August 2018



## Spelga Mews

**Type of Service: Domiciliary Care Agency**  
**Address: 6 Old Hospital Road, Banbridge, BT32 3GN**  
**Tel No: 02840669070**  
**Inspector: Marie McCann**

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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

Spelga Mews is a supported living type domiciliary care agency which provides personal care and housing support for 12 service users aged over 65 living with dementia. The agency is owned and operated by Radius Housing and the service is commissioned by the Southern Health and Social Care Trust (SHSCT).

## 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Radius Housing Association</p>	<p><b>Registered Manager:</b> Miss Louise McConville</p>
<p><b>Responsible Individual(s):</b> Mrs Fiona McAnespie</p>	

<b>Person in charge at the time of inspection:</b> Miss Louise McConville	<b>Date manager registered:</b> 14 February 2013
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#### 4.0 Inspection summary

An unannounced inspection took place on 30 August from 09.30 to 16.45.

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

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

Evidence of good practice was found in relation to staff training; supervision and appraisal; management of adult safeguarding concerns; risk management; care and support plans; effective communication between staff and service users; the involvement of service users; governance arrangements; quality improvement and maintaining good working relationships

One area requiring improvement was identified with regards to the adult safeguarding policy.

Service users' comments are reflected throughout the report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Miss Louise McConville, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 11 May 2017

No further actions were required to be taken following the most recent inspection on 11 May 2017.

#### 5.0 How we inspect

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

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that four incidents had been notified to RQIA since the last care inspection 11 May 2017
- unannounced care inspection report from 11 May 2017

During the inspection the inspector met with the registered manager, four staff, four service users and two relatives and spoke with a relative via telephone.

The following records were examined during the inspection:

- Staff induction records for two recently recruited members of staff.
- Four staff personnel records in relation to supervision and appraisal records.
- Staff training matrix.
- Three service users' care records.
- A sample of service users' daily records.
- The agency's complaints/compliments record from 11 May 2017 to 29 August 2018.
- Staff roster information from 30 July 2018 to 2 September 2018.
- Activities programme for August 2018.
- A sample of minutes of service users' meetings from November 2017 to May 2018.
- A sample of minutes of staff meetings from June 2017 to August 2018.
- The agency's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from May 2017 to July 2018.
- Policy on Safeguarding Adults, June 2016.
- Induction, Supervision, Development and Competency Assessment Policy, June 2016.
- Whistleblowing Policy, June 2017.
- Recruitment Policy, March 2017.
- Complaints Policy, June 2018.
- Confidentiality Policy, December 2016.
- Incidents Policy, 2018.
- Mandatory Registration with The Northern Ireland Social Care Council (NISCC) Policy, March 2018.
- Statement of Purpose March 2018.
- Tenants Handbook (Service User Guide), May 2018.

At the request of the inspector, the registered manager was asked to display a poster within the setting. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; four responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; five questionnaires were returned to RQIA within the timeframe for inclusion in this report.

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

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 11 May 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 11 May 2017

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

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks has been completed and confirmed that the outcome of these checks are retained by the HR department. The registered manager advised that a new arrangement had been put in place which ensured that the registered manager received a checklist from the HR department confirming that all necessary pre-employment checks have been undertaken. This checklist was then retained within each staff member's personnel file. This was evidenced in the personnel records of two recently recruited staff viewed on the day of inspection.

The responsibility for the induction of newly appointed staff lies with the registered manager. A review of staff induction records for two recently recruited staff members confirmed that the staff had received an induction lasting a minimum of three days as required within the domiciliary care agencies regulations. The inspector noted in one of the induction records sampled that the induction record had not been signed by the staff member. The inspector stressed the importance of ensuring that all induction records should be signed by the inductee to confirm their agreement with the induction received. The registered manager agreed to ensure that the identified induction record was appropriately updated. The inspector also noted that the induction training plan referenced the senior team as completing a part of the induction process. The inspector advised that the individual/s providing any aspect of the induction process should be referenced on the induction record to ensure that an accurate record is maintained of the

induction process. The registered manager agreed to action this. Discussion with staff on the day of inspection provided assurances that the agency's induction process provided them with the appropriate knowledge and skills to fulfil the requirements of their job role. Staff confirmed that they also shadowed experienced staff as part of their induction process.

The inspector discussed the agency's new induction policy and associated induction checklist and training plan. These confirmed that induction training of all new staff will be structured and occurs over a period of two working weeks unless the needs of the scheme necessitate a differing duration. The inspector advised that the new templates/procedures should be reviewed to provide evidence of newly appointed staff working alongside experienced colleagues in addition to adult safeguarding procedures being included within the induction programme. The registered manager advised that she would be discussing this with senior management to address those issues highlighted by the inspector.

The registered manager described the staffing levels which have been assessed as necessary to provide a safe service and explained that additional staff are rostered at times depending on the specific needs of service users. The staff rota information reviewed was noted to be consistent with the staffing levels described. The inspector advised that a reference key should be included to reflect the meanings of abbreviations used on the rota for ease of understanding. Following the inspection, RQIA received the amended rota template which included this recommended addendum and noted it to be satisfactory. Discussions with service users, relatives and staff during the inspection verified that there were sufficient numbers of staff to meet the needs of service users.

Discussions with the registered manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken to during inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the registered manager. A review of a sample of records evidenced that staff received supervision and appraisal in compliance with the agency's supervision and appraisal policy. It was positive to note that the registered manager maintained a matrix for monitoring staff supervisions and appraisals as required.

The inspector reviewed the agency's training matrix for 2018. This evidenced that staff had received mandatory training and that arrangements were in place to identify and meet ongoing training updates as part of a rolling programme of training. While awaiting training dates, the registered manager requires staff to review training materials prior to receiving the relevant face to face training. The agency monitors and documents compliance levels in relation to training completed. The registered manager also maintains a record of the content of training and the trainer's credentials as outlined in Standard 12.7 of the Domiciliary Care Agencies Minimum Standards, 2011. It was positive to note that the agency provided further training in addition to the mandatory training requirements, such as dementia awareness; diabetes management; oxygen therapy; end of life care and human rights training. The inspector advised the registered manager to review the updated mandatory training guidelines available on the RQIA website to ensure ongoing compliance with best practice standards.

A review of records confirmed that there had been four adult safeguarding referrals since the last care inspection. Discussions with the registered manager and staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The agency has an identified Adult Safeguarding Champion and staff have access to a flowchart in respect of the process for responding to/reporting any safeguarding concerns. A review of the agency's adult safeguarding policy noted that it was based on the regional Adult Safeguarding Prevention and

Protection in Partnership July 2015 guidance and also included safeguarding children visiting care and support schemes guidance. However, it was found that this policy made no reference to the associated regional Adult Safeguarding Operational Procedures, September 2016. An area for improvement was made in this regard.

The inspector reviewed reporting and management of incidents within the agency. The registered manager maintained a record of all incidents and accidents and these had been audited on a monthly basis by a senior manager. A review of a sample of records evidenced that appropriate management of incidents and follow up actions, including liaison with service users' relatives and SHSCT representatives was undertaken. The inspector noted that the agency's incidents policy had specific incident and accident forms; the inspector found that incidents were typically recorded on the accident form rather than the available incident form. This was discussed with the registered manager and it was agreed that the agency's incident form would be used, as appropriate, following the inspection. Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk, and the importance of reporting any issues to the registered manager in a timely manner.

In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the agency's whistleblowing policy and were able to access it.

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

Service users' comments:

- "It's a great place."
- "I am happy here."
- "I feel safe here – no worries."

Staff comments:

- "Training is fantastic, a lot of face to face training, which is great. Trainers all know their stuff it's of a high quality."
- "I enjoy working here."
- "Induction was very good, it was at least three days and you get experience of shadowing staff."
- "I enjoy the training."
- "The training is off a good quality."
- "I was inducted with a very experienced staff member and received shadowing."
- "Training is very good, provokes thought to improve your practice."
- "I have received adult safeguarding training."

Relatives' comments:

- "I couldn't commend the place highly enough."
- "There needs to be more places like this."
- "Staff are so nice."
- "Xxxx is so happy here and it has made a world of difference for both of us."
- "Absolutely brilliant place."

- “Friendliness and professionalism is given by all staff.”
- “Staff are brilliant, couldn’t be better.”
- “As soon as I leave here, I don’t need to look back I know xxxx is safe and well looked after.”
- “Premises are superb, food is great.”
- “xxxx is well looked after.”

Eight returned questionnaires indicated that respondents were very satisfied that care provided to service users was safe; of these responses, four were completed by service users and/or relatives and four were completed by staff. One service user and/or relative response indicated that they were satisfied that care provided was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, staff supervision and appraisal, management of adult safeguarding concerns and risk management.

**Areas for improvement**

One area for improvement was identified in regards to improving the agency’s adult safeguarding policy to reflect the regional policy’s associated operational procedures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

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

The agency’s arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of the provision is laid out in the agency’s Statement of Purpose, 2018.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements. The inspector chose three service users’ records at random to review. The registered manager confirmed that the agency receives referral information from the SHSCT. Review of service users’ records evidenced that upon admission, the agency completes comprehensive risk assessments, care plans and support plans in consultation with services users and their relatives. A sample of risk assessments viewed included those assessing the risk of developing pressure sores; moving and handling; nutrition, falls and dependency. Care plans were noted to be comprehensive, goal focused and person centred while clearly and concisely describing service users’ needs. Service users and/or their relatives signed a document to confirm their consultation and agreement with the writing of care plans and support plans in place. However, the inspector noted in one of the records viewed that this document had not been signed or dated. This was discussed with the registered manager and she agreed to action this. The inspector noted that the care and support plans and risk assessments had been reviewed at set intervals or sooner, if required, with the senior support worker.



Staff described the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice. It was positive to note that the agency had a robust system in place for risk assessing and reviewing the implementation of any restrictive practices in consultation and agreement with service users, their relatives and SHSCT representatives. The registered manager spoke confidently about managing risks to service users' wellbeing while maintaining their human rights and that any intervention is the least restrictive as possible. In addition, discussions with staff evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. This approach was further evidenced in a review of a sample of individual human rights care plans.

Service users and/or their relatives, as appropriate, were also noted to have received and signed a license to occupy contract which provided details of the individual costs to each service user. The documentation reviewed on the day of inspection evidenced a transparency between the agency and service users/relatives regarding any assessed care and support needs, agreed goals and expectations.

Review of service user care records evidenced that collaborative working arrangements were in place with service users' relatives and other key stakeholders. The inspector noted that liaison with others on behalf of, or in respect of, service users was evidenced within the agency's daily care recording system. The inspector advised that the time of such contacts should be documented in order to provide a contemporaneous and accurate time line. The registered manager agreed to address this.

The Tenant's Handbook provides information on the service users' right to advocacy and representation. Service users were noted to be consulted regularly regarding the quality and effectiveness of care provided by the agency using various methods such as: an annual quality satisfaction survey; monthly quality monitoring visits undertaken by a senior manager; service users' meetings and initial and annual SHSCT care reviews. The registered manager described how service users were encouraged and supported to be fully involved in their SHSCT care reviews. The agency was noted to complete a review report summary in preparation for SHSCT care reviews. The purpose of this document is to provide a summary of care and support needs and record any feedback from the service user and/or their relatives prior to the scheduled care review taking place. While three review report summaries clearly documented the service users' assessed care needs, the involvement of service users in this part of the review process was not consistently evidenced. The inspector advised that if service users are unwilling or unable to contribute to this aspect of review preparation, this fact should be documented within the care review record and the reason given.

Discussions with service users indicated that they had open lines of communication with staff and were confident that the staff would respond appropriately. Observations of staff and service users during the inspection indicated that staff communicated respectfully with service users. Service users were observed freely approaching staff to ask for assistance and for a chat.

A sample of the minutes of service users' meetings were examined and indicated that service user meetings typically occurred quarterly. Feedback was sought at each meeting from service users regarding different aspects of the care and support they received and in regards to the internal environment. It was positive to note in the February 2018 meeting that the registered manager used the dementia friendly 'My Home Tool Kit' to generate discussion and promote engagement with service users. The agenda and minutes of service users' meetings were also displayed on the service users' notice board.

Discussions with the registered manager and staff described effective communication systems in use within the staff team to ensure that staff receive information relevant to the care and support of service users. Staff spoke positively about the effectiveness of handover meetings and the access they had to service users' care records via the agency's electronic recording system.

There was evidence that staff meetings were held quarterly and that they had a quality improvement focus. A review of the minutes for meetings held in May 2018 and August 2018 evidenced discussion regarding falls management; promotion of hydration; implications for staff with respect to the General Data Protection Regulation (GDPR); review of the Northern Ireland Social Care Council (NISCC) standards and the agency's adult safeguarding policy.

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

Service users' comments:

- "There is nothing I could suggest to change that they aren't already doing."
- "I could talk to staff if I was worried."

**Staff comments:**

- "Tenants are encouraged to take part and be involved in their support meetings."
- "We link in with families as needed."
- "At handovers you are always asked when you were last on duty to ensure you are updated with any tenants' changes."
- "There is good communication between staff."
- "There is a handover at every shift, we receive a good update."
- "Any concerns we report to the manager."
- "I could raise an issue and the manager would listen."

**Relatives' comments:**

- "I would have no problems approaching staff or the manager if I had any issues."
- "Staff have been great at helping xxxx settle in."
- "First care review is planned for tomorrow."
- "Staff keep me well informed."
- "Staff couldn't be more communicative, they keep me up to speed with everything."
- "Xxxx hasn't looked back since moving here."
- "Great communication and feedback from staff, they let me know even about the little things."

Nine returned questionnaires indicated that respondents were very satisfied that care provided to service users was effective; of these responses, five were completed by service users and/or relatives and four were completed by staff. One response from a staff member commented: "I think the care and support provided is excellent and unparalleled to any other care/support facility I know of. There is excellent staff support from management and a great team work ethic with the common goal of all involved being the wellbeing and happiness of our residents and tenants."

## Areas of good practice

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

## Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Discussions with the registered manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. The registered manager was highly motivated to support the development of a dementia friendly environment in the local community, which the service users would benefit from and was involved in a number of initiatives.

Observations of staff interactions with service users and discussions with staff during the inspection indicated that care and support was provided in an individualised manner.

Service users had access to notice boards in a communal corridor which included information on how to make a complaint, the agency's quality policy, a charter of rights and details regarding the role of RQIA. An orientation board also provided service users with details of the date, day, year, season and weather. The activities board provided written and pictorial information and evidenced a varied activity programme, with strong links to organisations in the local community as part of an intergenerational programme. The registered manager advised that in consultation with service users, photos were displayed of service user involvement during such activities. In addition, Spelga Mews produces a quarterly newsletter which shares news of previous events and forthcoming events in a user friendly format.

On the day of the inspection the inspector observed staff taking service users out to the local area to promote social inclusion.

It was positive to note that in addition to the agency's care and support plans and risk assessments, a person centred "This is me" document was completed with service users which contained a wide range of additional information about them including:

- What I would like you to know
- What makes me feel better
- Routines important to me
- Things that may worry or upset me

Feedback from the registered manager indicated that this document was a helpful tool in assisting with effective communication with service users.

The most recent annual satisfaction survey completed with service users identified a 100 per cent satisfaction rate with: staff; care and support received; the internal environment and activities.

The registered manager was proactive in ensuring that service users and/or their relatives understood the agency’s complaints procedure and were aware of how to make a complaint in addition to the role of RQIA. This was evidenced by service users and/or their relatives signing a document that they had received this information.

A complaints file was available within the agency to record the management of complaints. There had been no complaints recorded since the previous care inspection. Discussion with the registered manager confirmed that a robust complaints management process was in place and that the agency’s complaints policy and procedure was in accordance with the relevant legislation and DHSSPS guidance relating to complaints handling.

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

Service users’ comments:

- “Couldn’t ask for better.”
- “I enjoy the company; we go on outings which I love.”

Staff comments:

- “I treat tenants how I would want my mother to be treated.”
- “I love supported living, promoting independence, supporting with outings and activities.”

Relatives’ comments:

- “They (staff) have time for everybody.”
- “They keep xxxx involved; there are always plenty of events and activities.”
- “There is so much going on, activities; links with the local community, xxxx has never had that before.”

One returned staff questionnaire did not answer the question regarding the provision of compassionate care. The other eight returned questionnaires indicated that respondents were very satisfied that care provided to service users was compassionate; of these responses, five were completed by service users and/or relatives and three were completed by staff. One response from a relative commented: “The staff really look after everyone in terms of activities, trips out and fundraising events.”

**Areas of good practice**

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

**Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

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

The inspector sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users. The RQIA registration certificate was up to date and displayed appropriately. The agency is managed on a day to day basis by the registered manager with the support of a consistent staff team comprised of senior care staff, care staff, an administrator and domestic staff.

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

Feedback from staff and the registered manager provided to the inspector provided assurance that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

It was identified that the agency had a comprehensive range of policies and procedures which could be accessed by staff in either hard copy or electronic format. Samples of policies viewed were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Monthly quality monitoring visit reports were available to be examined. The June 2018 and July 2018 monthly monitoring reports were examined and evidenced consultation with service users and other key stakeholders. The reports also evidenced a review and audit of the conduct of the agency and included comprehensive action plans which demonstrated that identified actions had been carried out/reviewed accordingly.

All staff providing care and support to service users are required to be registered with the (NISCC) or other regulatory body as appropriate. The registered manager confirmed that information regarding registration and renewal dates is maintained by the organisation's HR department, who generate an email to the registered manager advising when a renewal date is pending and that this is subsequently followed up with staff to ensure compliance. The registered manager stated that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

The inspector was advised that all staff had received training with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent legislative changes and how they relate to their role.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal

process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

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

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

- Effective communication
- Service user involvement
- Adult Safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

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

Staff comments:

- “We are very lucky to have Louise as our manager.”
- “The manager’s door is always open.”
- “Fantastic teamwork.”
- “Louise is the best manager, the door is always open or she is a phone call away.”
- “I feel valued by every member of staff and manager.”

Relatives’ comments:

- “The manager is very approachable.”

Eight returned questionnaires indicated that respondents were very satisfied that service was well led care; of these responses, four were completed by service users and/or relatives and four were completed by staff. One service user and/or relative response indicated that they were satisfied that the service was well led. One response from a relative commented: “The Mews is a lovely place. I, as a relative am made to feel welcome at all times. My relative is well presented at all times. I feel that the positive atmosphere and caring attitude is inspired in no small part by good leadership.”

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Miss Louise McConville, registered 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 Minimum Standards, 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 October 2018</p>	<p>The registered person shall ensure that the procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Organisation has reviewed the Adult Safeguarding Policy in line with DHSSPS guidance, Health and Social Services Board and HSCT Regional Policy and Procedures. A draft Policy has been implemented and issued across all Radius Registered Schemes. The Policy is being presented to Committee on 7th November 2018 for approval and ratification. Adult Safeguarding Policy will be reviewed on an ongoing basis in line with updates to Legislation/ Regional procedures.</p>

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





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