

Unannounced Care Inspection Report 7 October 2019



Trust Domiciliary Service & Armagh and Dungannon Locality

Type of Service: Domiciliary Care Agency
Address: Mullinure, 61 Loughgall Road, Armagh, BT61 7NQ
Tel No: 02837565068
Inspector: Kieran Murray

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

This is a domiciliary care agency which provides personal care and housing support to 787 individuals with physical health, palliative care, care of the elderly, learning disability, mental health and dementia needs within the Southern Health and Social Care Trust (SHSCT). Service users are supported by 350 staff.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin	Registered Manager: Miss Ciara Ann McCrink
Person in charge at the time of inspection: Miss Ciara Ann McCrink	Date manager registered: 23 November 2017

4.0 Inspection summary

An unannounced inspection took place on 7 October 2019 from 09.35 to 16.10.

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 Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 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 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's 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. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care/finance 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 throughout the inspection in relation to recruitment and induction, supervision, knowledge skills framework (KSF), adult safeguarding, involvement of service users, collaborative working and staff registrations with the Northern Ireland Social Care Council (NISCC). The care records were maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted the provision of care to the service users with dignity and respect and maximising their independence.

It was clear that the agency promotes the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

An area requiring improvement was identified for the second time in relation to restrictive practice.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Miss Ciara McCrink, 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 17 July 2018

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 July 2018.

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 RQIA inspection report and quality improvement plan (QIP)
- notifications of incidents
- all correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the manager, three staff and a telephone conversation with one service user and two service users' relatives.

Following the inspection the inspector made telephone contact with one service user and two service users' relatives. All responses are reflected in the report.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to in the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; two responses are included within the body of the report.

The inspector requested that the person in charge 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.

Ten questionnaires were also provided for distribution to the service users and their representatives; six responses were returned within the timeframe for inclusion within this report.

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 setting.

One response from staff indicated that they were ‘very unsatisfied’ that care was safe, effective, compassionate and the service was well led. As there was no contact details recorded for staff, the inspector spoke to the manager on 24 October 2019 and discussed the feedback received. The inspector has been assured by the manager that the response would be discussed with staff in the forum of a team meeting and a record retained of the discussion.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 17 July 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 15 (2)(a) Stated: First time	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, prepare or ensure that a written plan (“the service user plan”) is prepared which shall-</p> <p>(a) be consistent with any plan for the care of the service user prepared by an Health and Social Services or Health and Social Services Board or other person with responsibility for commissioning personal social services for</p>	<p>Partially met</p>

	service users; Ref: 6.4	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records in relation to restrictive practice and found a number of restrictive practices were not fully assessed, planned or evaluated in line with policy and procedure.</p>	

6.2 Inspection findings

6.3 Is care safe?

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

The inspection reviewed the agency’s systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspector reviewed two personnel records, which were recently recruited staff. These records confirmed that the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3.

Discussion with the manager confirmed that a record of the induction programme provided to staff is retained; the inspector viewed three individual staff induction records. These evidenced that staff received an induction lasting a minimum of three days which included topics such as safeguarding vulnerable adults.

Discussions with the manager and staff on the day of inspection confirmed that the induction process was appropriate and provided them with the knowledge and skills to fulfil the requirements of their job role. Staff comments included: “Inductions are really good now.” This practice supports service users to receive a service in which their dignity has been respected i.e. through introductions to new workers prior to service delivery.

The inspector reviewed the agency’s training plans which indicated compliance with the Regulation and Minimum Standards and that staff had appropriate training to fulfil the duties of their role. There was evidence that staff have attended training additional to that outlined within the minimum Standards such as palliative care, oral hygiene, dementia awareness training.

The inspector noted posters throughout the agency in relation completing equality, good relations and human rights via e-learning.

The manager discussed the plans in place to ensure all staff has been trained in Deprivation of Liberty Safeguards (DOL’S) by 2 December 2019. This can be reviewed at the next inspection.

One staff member commented: “training prepared me for the job.” It was good to note that staff provided positive feedback in regard to the agency’s induction and training programme. The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

The manager informed the inspector that the agency staff run a dementia and autism bus where staff can get the virtual experience of living with both illnesses.

The inspector was advised by the service user and relatives consulted with, that they had no concerns regarding the safety of care being provided by the agency.

No issues regarding the carers’ training were raised with the inspector by the service user or relatives; examples of care given included manual handling and working with someone with dementia. The service user and relatives consulted with confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users and/or their relatives are listed below:

- “I know 100% that my XXX is well cared for even if I wasn’t in the house.”
- “The staff know what they are doing.”

Discussions with the manager established that since the last inspection there were times that the agency had experienced difficulty ensuring that there was an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. During this time period, the manager advised the inspector that vacant shifts were covered by the agency’s domiciliary care workers, trust domiciliary as and when staff and the supervisory team. Rotas viewed by the inspector confirmed that staffing levels were currently adequate to meet the needs of service users and the agency.

Discussion with staff on the day of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users’ care plans. A review of a sample of rotas evidenced that they were effectively organised with individual times being allocated to service users. The rota information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users’ experience of a dignified service.

The inspector reviewed reporting and management of incidents occurring within the service. The manager maintained a record of all incidents and accidents which had been audited on a monthly basis by the monitoring officer. A review of a sample of records evidenced that, appropriate management of incidents and follow up actions, including liaison with service users’ relatives and the SHSCT representatives was undertaken. Staff spoken with on the day of inspection provided feedback which evidenced that they had a good understanding of the management of risk the ability to balance risk with the wishes and human rights of individual service user and the importance of reporting any issues to the registered manager/management team in a timely manner. Staff commented: “supervisors and managers are very supportive.”

Discussions with the manager and a review of the agency’s safeguarding policy established that the agency have embedded the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 into practice. The manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support

appropriate protection planning and investigation. The agency had an Adult Safeguarding Champion (ASC) identified. There had been a number of adult safeguarding referrals made since the last care inspection. These referrals were made appropriately in conjunction with the SHSCT as evidenced by the inspector.

Discussions with staff during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and taking appropriate and timely action when service user's rights are at risk of being breached and maintaining safeguarding records. The inspector noted that staff had completed adult safeguarding training.

A discussion took place with the manager in relation to the ASC completing an adult safeguarding position report by 31 March 2020. This can be reviewed at the next inspection.

Staff demonstrated knowledge of how to escalate any concerns with respect to service users' wellbeing. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns about poor practice, and were confident of an appropriate management response. Discussions with staff evidenced that they were empowered to speak up about poor care through the management arrangements.

Staff presented as 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 wishes are taken into account. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively 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.

Of six questionnaire responses received from service users/relatives, five indicated that they were 'very satisfied' that care was safe and one indicated that they were 'satisfied' care was safe. Of two survey responses received from staff one indicated that they were 'satisfied' that care was safe and one indicated that they were 'very unsatisfied' that care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction 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

6.4 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose (2019) and Service User Guide (2019).

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements and the records were organised and clearly indexed.

The review of three care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and yearly or sooner care reviews with the relevant SHSCT representative, service users and relatives as appropriate.

The documentation evidenced a transparency between the agency and service users/relatives regarding any assessed care/support needs and expectations. Service users were enabled to exercise the maximum amount of choice and control as possible in the care planning in their commissioned individual care arrangements with the agency.

The manager and staff spoke confidently regarding positive risk taking and the benefits this can have on service user's self-esteem and emotional wellbeing and the appropriateness of liaising with the multi-disciplinary team to ensure that service users had access to the relevant information and support to make informed decisions.

Staff described the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice. The inspector noted that a number of restrictive practices were in place. It was noted that that a number of these restrictive practices had not been appropriately assessed, planned or reviewed. An area for improvement has been made for the second time in this regard.

The manager spoke confidently about managing risks to service users' wellbeing while maintaining their human rights and that any intervention is the least restrictive possible.

The inspector was informed by the service user and relatives consulted with they had in general no concerns regarding carers' timekeeping. However, the service user/relatives informed the inspector that late calls had taken place but that the carers had telephoned to explain why this had happened. Care provided was not felt to be rushed. Examples of some of the comments made by the service user or their relatives are listed below:

- "Credit where credit is due, I couldn't do without them"
- "I know they are aware of my needs."

It was noted that the agency completed six monthly monitoring visits with service users/relatives. The records evidenced no concerns expressed by the service users/relatives during these monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the

agency. The manager advised the inspector that agency staff are not always invited to SHSCT care reviews and if they are invited they do not typically receive a copy of the minutes of the review. However, the agency completes a yearly contribution to review form and submit to the SHCHT as evidenced by the inspector. It was agreed with the registered manager that the agency will request a copy of future SHSCT review meetings minutes they attend, as appropriate and ensure that the agency maintain a record of the review meeting.

The agency maintains daily records which were completed in line with policy and procedures.

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The manager and staff described effective communication systems in use within the staff team to ensure that staff received information relevant to the care and support of service users. Staff consulted with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans. Staff confirmed they had effective access to the management team via telephone including out of hours support.

Staff comments:

- “I always speak to the service user and get their permission to do something first.”

No issues regarding communication between the service users, relatives and staff from the agency were raised with the inspector. The service user and relatives advised that home visits or phone calls have taken place and they had received a questionnaire from the agency, to obtain their views of the service.

The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

Of six questionnaire responses received from service users/relatives, five indicated that they were ‘very satisfied’ that care was effective and one indicated that they were ‘satisfied’ care was effective. Of two survey responses received from staff one indicated that they were ‘satisfied’ that care was effective and one indicated that they were ‘very unsatisfied’ that care was effective.

Areas of good practice

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

Areas for improvement

An area for improvement was identified for the second time in relation to the recording of restrictive practices in the support/care plans.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 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 manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Staff comments included: “service users are treated with respect and dignity.” Staff identified the need to continually communicate with service users and staff were respectful of the fact they were working in service users’ homes.

Staff spoke knowledgably about the importance placed on recognising the individual needs of service users and how best to support each service user taking into account individual preferences.

Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality was maintained and consent obtained at all times. Staff acknowledged that service users require varying degrees of support with their care needs, they described how independence is promoted but when assistance is required this support is provided discreetly.

All of the service users and relatives consulted with by the inspector felt that care was compassionate. The service user and relatives advised that in general carers treat them with dignity and respect.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users.

Views of service users and relatives have been sought by the service through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by agency. This will promote the principle of partnership with the care staff and service user and emphasises the value placed on service users by the agency. Examples of some of the comments made by the service user or their relatives are listed below:

- “They try and promote my independence, which is very important to me.”

Of six questionnaire responses received from service users/relatives, four indicated that they were ‘very satisfied’ that care was compassionate and two indicated that they were ‘satisfied’ care was compassionate. Of two survey responses received from staff one indicated that they were ‘satisfied’ that care was compassionate and one indicated that they were ‘very unsatisfied’ that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency’s ethos of encouraging feedback from 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

6.6 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 inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure. In addition, discussion with manager confirmed that they had a good understanding of their role and responsibilities under the legislation. Feedback from staff evidenced that the manager fulfils their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. There was clear leadership provided by the manager and responsible person which resulted in a shared team culture, the focus of which was how they could do things better for service users.

Staff comments:

- "We get respect from the management."
- "We are a good wee team."

The service user and relatives consulted with by the inspector 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 during the discussions. This evidenced that service users have access to clear and fair processes for getting their views heard and to raise and resolve concerns or complaints.

Examination of records indicated that a system to ensure that staff supervisions and KSF's are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and KSF in line with policy and procedure; records provided to the inspector confirmed this.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales.

The manager demonstrated good awareness of the agency's complaints procedure. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure management were made aware of any complaints. A review of the agency's complaints records since the last inspection evidenced that the agency had received two complaints which were

managed appropriately within policy and procedure. The inspector noted that the complainants were satisfied with the outcomes.

It was positive to note that the agency had received a number of compliments via cards and the trust compliment proforma from service users/relatives e.g. "Thank you and your team, we were able to care for XXX here at home. This meant so much to us and would have been possible without your help."

The manager and responsible person evidenced a commitment to driving improvement in the service through provision of a consistent staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve skills and knowledge basis.

Discussion with the manager confirmed that staff meetings are planned on a four to six weekly basis. Records reviewed by the inspector evidenced this.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as NISCC. Information regarding registration details and renewal dates are monitored by the registered manager. The manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated. The manager confirmed that all staff are currently registered or in the process of registering within expected timescales.

There are robust, transparent systems in place to assess the quality of the service in relation to outcomes for people which includes feedback from people using the service and their representatives.

The inspector confirmed that monthly quality monitoring visit reports were available for review on the day of the inspection. Samples of reports evidenced consultation with service users, relatives, agency staff and SHSCT representatives. The records demonstrated a quality improvement focus and a monthly audit of the conduct of the agency, including an action plan agreed with timescales for completion.

The inspector noted and examined the following surveys/audits carried out by the agency, Service User and Staff Questionnaires 2018 with positive results and action plans where appropriate. The manager shared the Quality Improvement initiative for service users with formal diagnosis of dementia, which included the 'This is Me' document which took into account areas such as services users likes, dislikes, preferred name, carers name and things that are important to me. Staff Satisfaction Questionnaires with both positive and negative results with an action plan. The manager shared the annual quality report 2018 which evidenced service user's and staff feedback with positive results.

The inspector informed the inspector that a 'Time for Task' report is carried out by the agency which will identify missed or late calls.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager advised that to date, the agency has not provided access to specific equality and diversity training. However, the importance of this was interwoven within all training and the supervision 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 process. The data provided is used effectively and with individual service user involvement to provide person centred care.

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
- disability awareness

The inspector discussed the recent changes the Northern Ireland Ambulance service (NIAS) had made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trust management team, as appropriate.

Of six questionnaire responses received from service users/relatives, five indicated that they were 'very satisfied' that the service was well led and one indicated that they were 'satisfied' the service was well led. Of two survey responses received from staff one indicated that they were 'satisfied' that the service was well led and one indicated that they were 'very unsatisfied' that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the management of complaints.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Ciara McCrink, 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 The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland).

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland)

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2)(a)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and Ongoing</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, prepare or ensure that a written plan (“the service user plan”) is prepared which shall-</p> <p>(a) be consistent with any plan for the care of the service user prepared by an Health and Social Services or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>Ref: 6.4</p>
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Response by registered person detailing the actions taken:
 The registered manager will meet with commissioning teams and request that Restrictive Practice Care Plans are completed for service users where applicable. The registered manager will oversee that the agency will undertake a review of service users where this is not in place and that for any new services users this is requested before care is commenced .

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



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