

# Unannounced Care Inspection Report 25 June 2019



## Triangle Housing Association

**Type of Service: Domiciliary Care Agency**  
**Address: 60 Eastermeade Gardens, Ballymoney, BT53 6BD**  
**Tel No: 02827661755**  
**Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://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**

Triangle Housing Association, 10905 is a domiciliary care agency, supported living type located in Ballymoney. The agency’s office is located in the organisation’s Head Office situated close to the home of the service users. The agency’s staff provide care and support to a number of service users who are living in their own homes. Staff are available to assist the service users with personal care, meal preparation, medication, housing support and accessing the local community. The tenants’ care is commissioned by the Northern Health and Social Care Trust (HSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association  <b>Responsible Individual:</b> Christopher Harold Alexander	<b>Registered Manager:</b> Mary (Marie) Scullion
<b>Person in charge at the time of inspection:</b> Service manager	<b>Date manager registered:</b> 5 May 2009

### 4.0 Inspection summary

An unannounced inspection took place on 25 June 2019 from 10.00 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.

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

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.

There were numerous examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, performance review, training and adult safeguarding processes and risk management. There were a range of effective governance and management systems in place. Care records were comprehensive, individualised and well maintained. There was evidence of effective communication with service users, relatives and relevant stakeholders and other staff employed by the agency. The culture and ethos of the organisation promoted treating service users with dignity and respect with an emphasis on their safety and maximising their privacy, choice and independence. There was evidence that care and support was provided in a person centred manner.

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 and stakeholder 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 service manager, the service users, relatives and staff for their support and full co-operation throughout the inspection process.

#### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the service 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 16 October 2018

No further actions were required to be taken following the most recent inspection on 16 October 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
- 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 service manager
- examination of records
- consultation with service users, relatives and staff
- 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.

At the request of the inspector, the service 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; one response was received prior to the issuing of this report. The respondent indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service is well led.

Ten questionnaires were provided for distribution to the service users and/or their representatives; six responses were received prior to the issuing of this report. The respondents indicated that they were very satisfied or satisfied that care provided was safe, effective and compassionate and that the agency was well led.

The inspector requested that the service 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 the service manager, four service users, two relatives and three staff members. 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 Inspection findings

#### 6.2 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; this included a review of staffing arrangements within the agency.

The recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Staff recruitment is managed and co-ordinated by the organisation's Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department.

Discussions with the service manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be followed. They stated that they are notified when new staff are ready to commence employment. They provided assurances that staff are not supplied until all required pre-employment checks have been satisfactorily completed and verified and induction provided.

It was identified that the agency's induction programme provided to staff 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 for the initial two weeks of employment.

New staff are required to complete an induction workbook during their probationary period linked to the Northern Ireland Social Care Council's (NISCC) Standards. In Addition staff are required to complete competency assessments in areas such as medication and finance. Staff spoke positively about their induction and indicated that it had provided them with the required knowledge and skills to meet the needs of the service users. The reports of quality monitoring audits viewed indicated that an audit of staffing arrangements is completed monthly.

Staff complete a six month probationary period with reviews at one, three and six months. Staff who spoke to the inspector stated that shadowing other staff had provided them with the opportunity to become familiar with the needs of individual service users. Staff stated that they are introduced to service users prior to providing care and support; this was confirmed by service users who spoke to the inspector. It was felt that this was beneficial for both service users and staff.

Discussions with the service manager, staff and service users indicated that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users. Discussion with staff during of inspection highlighted no concerns in regards to them having time to provided care as outlined in individual service users' care plans.

Discussions with staff and rota information viewed indicated that the care and support is provided to service users by a core staff team; staff stated that this helps to ensure continuity of care and encourages the development of positive relationships. Staff felt that continuity of those providing the care can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity and respect. There were no concerns raised with the inspector in relation to the service users' needs being met. Staff stated that the agency had "Enough Staff" and was "Staffed well."

The system for ensuring that staff provided at short notice have the necessary knowledge and skills for their roles was discussed with the service manager. The service manager stated that all staff provided are employed by the organisation and required to complete an induction prior to providing care; this is to ensure that continuity of care is achieved and to promote the safety, dignity and respect of service users is maintained.

The inspector discussed with the service manager the need to ensure the full name of staff provided is recorded on the agency's staff rota information; the service manager stated that this would be actioned immediately.

The agency provides quarterly supervision/ appraisal to staff in the form of a performance review; records are maintained. The process includes a medication and financial management competency assessment. The records of two staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policy. Staff stated that they are supported in developing individual development plans as part of the performance review process. Staff spoke positively about the performance review process and felt it was beneficial to their job. It was positive to note that records relating to performance reviews completed were retained in a well organised and secure manner.

The agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains an electronic record of the registration status and expiry dates of staff required to be registered with NISCC. The service manager provided assurances that staff are not supplied for work if they are not appropriately registered and

stated that the registration status of staff is monitored monthly by the manager and the organisation's HR department. Records viewed indicated that all staff were registered appropriately.

Staff could describe the procedure for identifying individual training needs and their responsibility for ensuring that training updates are completed. It was noted that all staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of the service users. Staff stated that training provided had equipped them with the required knowledge and skills for their job role. They described the value of the additional training received in improving the quality of care. Discussions with staff demonstrated that they had a clear understanding of service users' human rights in all aspects of their lives. Staff commented: "Training is excellent, we can get extra training if needed."

The inspector reviewed the agency's system for recording staff training. The 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, finance, medication, fire and adult safeguarding. In addition it was positive to note that a range of key areas are discussed during the initial induction training provided to staff such as equality, diversity, privacy, confidentiality, safeguarding, human rights, professional boundaries and whistleblowing.

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 organisation has an identified Adult Safeguarding Champion (ASC); staff were aware of the process for liaising with the ASC.

The Adult Safeguarding Position report for the agency has been formulated and was reviewed at the previous inspection.

Discussions with the service manager and staff demonstrated that they were very knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours; they stated that the service manager was approachable and very responsive in addressing concerns raised.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates. From training records viewed it was noted that all staff had completed training in relation to adult safeguarding.

Discussions with the service manager and records viewed relating to adult safeguarding evidenced that the agency has a system retaining 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 service manager indicated that no adult safeguarding referrals have been made since the date of the last inspection.

Staff had a clear understanding of their responsibility in identifying and reporting any 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.

Staff stated that they are introduced to service users prior to providing care and felt that this was necessary to ensure they had the required knowledge of the care and support required and to ensure that service users felt valued in terms of their dignity and privacy. Service users and relatives spoken with, indicated that they had no concerns regarding the safety of care being provided by the agency; they indicated that they could speak to staff if they had any concerns in relation to safety or the care being provided.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. It was noted that clear details of the incidents were recorded and of the actions taken. It was noted that they are reviewed as part of the agency's quality monitoring process. The inspector provided recent correspondence issued by the Northern Ireland Ambulance Service (NIAS) in relation to falls management.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The service manager and staff described 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; they indicated that the human rights of service users had been considered in the process. It was good to note that service users had been provided with details of their rights and responsibilities in an easy read format. In addition service user have a care plan relating to participation and engagement.

Staff who spoke to the inspector were noted to be very knowledgeable regarding the individual needs and human rights of service users'. Staff described the value they place on ensuring that service users are supported in a person centred manner, where their preferences, choices and views are respected. 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.

Observations of interactions between staff and service users indicated that they had choice and that staff listened to them. Staff who spoke to the inspector stated that they felt care was being provided in a safe manner. Staff could describe how they familiarise themselves with the needs of individual service users and discussed how they effectively communicate changes to other staff. Staff stated that they observe service users closely to identify any changes in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety, wellbeing, dignity and choices of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The agency's office accommodation is located in a building in the organisation's head office, situated adjacent to the homes of the service users. Entrance to the office is obtained by the use of a key fob system. The office is 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. Staff could describe the importance of storing confidential information in accordance with data protection guidelines.

## **Comments received during inspection process.**

### **Staff comments**

- "It's their (service users) life, it is their home."

- “We try to accommodate the choices of service users as far as possible.”
- “Service users have choice, they are safe; they can pull cord in their home for staff.”
- “We provide individual support; they can choose the times.”

**Service users’ comments**

- “I am happy here. Staff are good, they help me.”
- “I go on trips, I went to see Curtis Magee.”
- “I love going to concerts.”
- “Staff are great.”

**Relatives’ comments**

- “All the staff are brilliant, they are always there to speak to me.”
- “I rely on the staff 100%; they keep me up to date of changes.”
- “Staff are more than helpful.”
- “\*\*\*\* loves the staff to bits especially \*\*\*\*\* (support worker).”

**Areas of good practice**

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

**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

**6.3 Is care effective?**

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

The inspector assessed the agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose (SOP) and Service User Guide (SUG) contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

Records viewed during the inspection were noted to be retained in an organised and secure manner. It was noted that staff had received information relating to record keeping and confidentiality during their induction programme.

Service user care records viewed during the inspection were noted to include referral information received from a range of relevant HSCT representatives and in addition included risk assessments and care plans. The review of two individual service user care records identified that they were individualised and contained a range of assessments including those for any practices deemed to be restrictive.

Care plans viewed were noted to be comprehensive, providing a detailed account of the care and support required by service users. Those viewed were noted to contain details of specific choices made by service users and made reference to their human rights. It was identified that the agency retains a register of all practices deemed to be restrictive and it was noted that this was reviewed quarterly in conjunction with the service users, their relatives and HSCT representatives. Service users who met with the inspector stated that they were supported to make choices in relation to the care and support they received.

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. It was noted that staff record daily the care and support provided. Service users had signed their individual care plans.

It was noted that service users had been provided with information in an easy read format relating to Human Rights and choice and details of how the agency strives to protect their confidentiality and information retained by them.

The agency contributes to reviews involving the service users' HSCT keyworkers on an annual basis; staff could describe instances where more frequent review meetings are completed to meet the needs of the service users. Staff felt that regular reviews are beneficial to ensure the needs of service users were being appropriately met. It was positive to note that the human rights of service users were clearly recorded in their individual care and support plans and in the 'All about Me' plans developed in conjunction with the service users and where appropriate their relatives.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, relatives and staff, and observations made evidenced that staff communicate appropriately with service users. It was identified that the communication needs of each individual service user is considered as part of the referral, assessment, care planning and review processes.

Staff could describe the processes used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders. Staff spoken with on the day of inspection confirmed that they were provided with details of the care required to be provided to all service users'. Staff who spoke to the inspector indicated that they were very knowledgeable regarding the care and support required by individual service users and service users' individual preferences.

The agency facilitates monthly staff meetings; staff stated that they are encouraged to attend and provided with the opportunity to express their views and opinions and to raise matters of concern. From the minutes of meetings viewed it was noted that a range of matters are discussed such as safety, training, and service users' needs.

The agency facilitates monthly service user meetings and a record of matters discussed is retained; records viewed included details of comments and choices made by service users.

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.

The agency has contingency arrangements in place to respond to unforeseen/emergency events; service users have individual personal protection plans.

Comments made by service users:

- “Staff help me with stuff, like getting the house cleaned and going out.”
- “I go to a knitting club.”
- “I like going shopping, staff help.”
- “Staff are good; they help me.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records and the agency’s processes for communicating and engaging with service users, relatives 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

**6.4 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 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 was assessed.

It was noted that staff had received information in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff, service users and relatives, 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 and support is provided. The agency has provided information to service users relating to human rights, complaints, advocacy and adult safeguarding in an easy read format. During the inspection the inspector visited a number of service users in their own homes and observed making decisions in relation to their care, support and daily routines.

Service users stated that they can make their own decisions and have choice in a wide range of areas; they stated that staff are approachable and respect their choices. Relatives who spoke to the inspector stated that service users are involved in their care planning process and can make choices with regard to all aspects of their care. Staff who spoke to the inspector described how service users are supported to 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 that may involve a

risk and could describe the process for raising concerns with the manager in relation to any identified risks.

Service user care records viewed in the agency office were noted to be comprehensive and contain information relating to the needs of service users and their individual choices and preferences. Discussions with staff, service users and their relatives indicated that care and support is provided in an individualised manner;

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

Comments made by service users:

- “I got my house decorated; I got new furniture and a wardrobe.”
- “I do what I want.”

Comments made by relatives:

- “Staff couldn’t be better, they are more than good.”
- “\*\*\*\* loves it there; knows the town and the staff well.”
- “If \*\*\*\* is happy then I am happy.”
- “Staff are good to \*\*\*\*, I have no issues or concerns.”
- “\*\*\*\* is well cared for and safe. I have no concerns at all.”

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 and choices of service users in a safe and effective manner. It was noted 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. Staff could describe how their training had equipped them to engage with a diverse range of service users.

Discussions with staff and relatives, and observation of staff interactions with service users 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 methods of communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in a person centred manner
- risk assessment and care planning

It was good to note that the organisation had developed a wide range of key information in an alternative format, staff stated that this supports service users in having a clearer understanding of the information being provided.

The agency has a range of processes for obtaining and recording comments made by service users and/or their representatives. Records of care review meetings, daily recording records, service user meetings, one to one keyworker engagement and reports of quality monitoring visits indicated regular engagement with service users, the annual survey, relatives and where appropriate other relevant stakeholders. It was noted that the agency that these processes assist in obtaining the views of service users and relatives as to how the service could be improved.

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

The inspector was provided with information relating to the agency's 'Choice Checker', a method for engaging with service users to obtain their views. It was noted that this process involves an identified service user speaking to all service users to obtain their views on a range of matters and provide this information back to the staff team. The organisation has a service user engagement group known as a Tenant's Action Group to facilitate them in engaging. The service manager stated that this method of engagement encourages choice, inclusion, dignity, and empowerment of service users.

Discussions with staff, service users and relatives, and observations of staff and service user interactions during the inspection indicated that care provided was compassionate; staff were observed to treat service users with dignity and respect and to obtain consent from service users in relation to care and support provided.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care. In addition the ongoing 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
<b>Total number of areas for improvement</b>	0	0

## 6.5 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.**

Management and governance systems in place within the agency to meet the assessed needs of service users were assessed. The agency is currently managed on a day to day basis by a service manager under the direction of the registered manager and is supported by a number of support workers.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, service user meetings, care review meetings, annual survey and the organisation's service user consultation forum (TAG). The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

Staff could clearly describe the procedure for obtaining support at any time, including out of hour arrangements. Staff who spoke to the inspector stated that they had good working relationships with the manager. Staff who spoke to the inspector indicated that they felt supported in their role and stated that the manager was approachable. Staff spoken with commented:

- "Manager and deputy are approachable."
- "Can raise issues at the staff meeting or adhoc."

The agency's policies and procedures are retained electronically and staff could describe how they can access them. 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 has a complaints policy. Discussions with the service manager and staff indicated that they had a clear understanding of the actions to be taken in the event of a complaint being received. Staff receive complaints awareness information during their induction programme. Service users and relatives who spoke to the inspector stated that they have been provided with information in relating to making a complaint.

Staff stated that they support service users if they need to make a complaint or raise a concern; this indicated that they 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. Service users and relatives who spoke to the inspector stated that they could speak to staff if they were worried or concerned.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the service manager that the agency had received no complaints since the previous inspection. Complaints are audited monthly as part of the agency's quality monitoring process.

The agency has developed methods 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 service manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, supervision of staff, staff training and monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA, on a monthly. The inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT representatives.

The inspector viewed evidence which indicated appropriate staff induction, training and performance review. Staff could describe the benefits of regularly reviewing the quality of the services provided with the aim of improving the service provided. They described ways in which they have adapted the way care and support is provided to meet the individual needs of service users.

The organisational and management structure of the agency is detailed within the Statement of Purpose; it record lines of accountability. Staff who spoke to the inspector had a clear understanding of the responsibilities of their roles and had worked in the agency for a number of years. Staff are provided with a job description at the commencement of employment. The service manager stated that staff behaviour and conduct is discussed with staff during their probation period and performance review meetings.

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. No concerns regarding the management of the agency were raised with the inspector.

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

The organisation has a process for completing quality monitoring audits on a monthly basis and a report is developed. The inspector viewed the quality monitoring reports of a number of the audits. It was noted that the audits are completed by other service managers, the regional manager or board members of the organisation. 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 viewed were noted to include details of the review of the previous action plan, review of care records, staffing arrangements, accidents/incidents, safeguarding referrals, and complaints; it details 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 engagement with relevant stakeholders and governance arrangements including the quality monitoring process.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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