



**Shanlieve Supported Living**  
RQIA ID: 10913  
1-3 Randal Heights  
Newry Street  
Kilkeel  
BT34 4XU

**Inspector: Joanne Faulkner**  
**Inspection ID: IN022913**

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**Unannounced Care Inspection  
of  
Shanlieve Supported Living**

**4 June 2015**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 4 June 2015 from 10.00 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	5	1

The details of the QIP within this report were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Ms Paula Clark (Registration pending)	<b>Registered Manager:</b> Mrs Hazel Somerville (Acting)
<b>Person in Charge of the Agency at the Time of Inspection:</b> Geraldine O'Connor, Acting Band 5 senior support worker	<b>Date Manager Registered:</b> 12 January 2015
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> Nine	

Shanlieve supported living is a supported living type domiciliary care agency, located close to Kilkeel town centre. The service is provided by the Southern Health and Social Care Trust and offers domiciliary care and housing support adults with a learning disability in a number of properties situated in close proximity to the agency's office.

The agency's aim is to provide care and support to service users with a learning disability to enable them to live in their own home within the local community. Four service users live in a bungalow which was previously registered as a residential care home and are provided with 24

hour support. A further five service users live nearby in separate accommodation and receive non 24 hour support according to their assessed need.

The agency operates a key worker system for service users, who are supported to maintain their tenancy, to develop independent living skills and to be involved in the local community. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and attending social activities, dependent upon individual service users' needs, interests and wishes.

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

### 4. Methods/Process

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

- Discussion with the person in charge
- Examination of records
- Consultation with Staff/Relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with two service users and two care staff the inspector spoke to the relative of one service user.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection

The following records were viewed during the inspection:

- Two care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (July 2013)
- Supervision policy

- Appraisal policy
- Agency's rota information

Staff questionnaires were completed by four staff during the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered
- Staff are aware of the agency's whistleblowing policy
- Staff are satisfied that the care is delivered in a person centred manner
- Concerns raised are taken seriously
- Staff are satisfied that they are familiar with service users care needs

Staff who completed a questionnaire provided feedback on their experience of staffing levels in relation to supporting service users. This was discussed by the inspector with the acting manager prior to this report being issued; the inspector was provided with assurances that the agency ensures that the needs of service users are met. The acting manager described the ongoing process of recruiting additional staff and of ensuring that at all times the agency provides the required number of appropriately skilled staff. They stated that the agency is currently undergoing a re-organisation process. Staff indicated that they would like training opportunities in areas specific to the needs of the service users.

Service users' questionnaires were completed by four service users during the inspection; they indicated that:

- Service users are satisfied with the care and support they receive
- Service users are satisfied that they are consulted in relation to the quality of the service
- Service users feel safe and staff respond to their needs
- One service user indicated that they needed more staff

#### **Comments:**

- 'Staff are really helpful; I can't say a bad word about them'
- 'Staff do their best for us'
- 'I go to the tenants' meetings'

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the agency was announced care inspection dated 30 June 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 14 b</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect.</p> <p>This requirement relates to the registered person ensuring that a process is developed to reduce the amount of funds retained in the service users shared budget account.</p> <p>The registered person must ensure that service users receive a refund of their share of excess monies held in their budget account.</p> <p><b>Action taken as confirmed during the inspection:</b> Records viewed indicated that excess monies held in the service users' budget account had not been reduced; it was noted that service users had not received a refund of any monies held within this shared account.</p>	<b>Not Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 14 c</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(c) so as to promote independence of service users.</p> <p>This requirement relates to the registered person ensuring that the provision is made for service users' monies and valuables to be secured in their own homes.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge identified that the process of securing service users monies and valuables in their own homes is ongoing and that a number of service users' monies and valuables continue to be secured in the agency's office.</p>	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 14 b</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect</p> <p>This requirement relates to the registered person ensuring that the review documentation in place is signed by those participating in the review.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector examined review documentation in place and noted that it had been signed by those participating in the review.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 23.- (1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the views of service user relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p> <p><b>Action taken as confirmed during the inspection:</b> Monthly monitoring records viewed detailed the views of service users and staff; however it was identified that the views of relatives and were appropriate professionals had not been recorded.</p>	<p><b>Not Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 14 e</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(e) in a manner which respects the privacy, dignity, and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement relates to the registered person ensuring that the agency's office is not accessed</p>	<p><b>Met</b></p>

	<p>through the service users' home.</p> <p>The registered person must ensure that the door linking the agency's office and the service users home is locked at all times.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was noted that the door linking the agency's office and the home of a number of service users had a mechanism in place to facilitate the locking of the door. The person in charge stated that service users living in the house can choose to access the office by the internal adjoining door.</p> <p>During the inspection the inspector noted that the door was closed for periods of time and observed service users accessing the office by the adjoining door. The inspector observed a number of staff accessing the agency's office via the agency's entranced.</p>	

### **5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

The agency has a recruitment policy in place and a mechanism to ensure that appropriate pre-employment checks are completed. It was identified that an updated alphabetical index of all domiciliary care workers supplied or available for supply for the agency was not maintained. The agency forwarded an updated index to RQIA following the inspection.

The person in charge could describe the procedure for ensuring staff are physically and mentally fit for the purposes of their work; this includes a medical prior to employment and a return to work interview following a period of sick leave.

The agency provides staff with corporate induction; induction documentation outlines the induction programme lasting at least three days which also includes shadowing staff members in the service users' homes; this was confirmed by staff who spoke to the inspector. The agency maintains a record of the induction provided to staff; it details information provided during the induction period. Staff are provided with a handbook and induction booklet, and have access to the agency's policies and procedures.

The agency has a procedure for the induction of short notice/emergency staff; the person in charge and the acting manager stated that staff are accessed from another of the organisations facilities. The agency has a procedure for verifying the identity of all staff prior to their supply.

The agency has policies and procedures in place for staff supervision and appraisal they outline the frequency and process to be followed. The person in charge stated that the agency had recently undergone a management restructuring; it was identified that staff had received group supervision during this period; however a number of staff one to one supervision sessions were not completed. Records viewed indicated that the agency had a process in place for addressing this issue. It was noted that the agency's supervision matrix had not been updated.

#### **Is Care Effective?**

Discussions with the person in charge, staff and service users indicated that the agency were in a transitional period; staff could describe their input into changes which were occurring within the agency. Staff stated that on occasions additional staff would be beneficial to ensure that service users received care in an individualised manner; they described the process for accessing additional staff to ensure that the needs of service users were met. Staff rotas viewed reflected staffing levels as described by the person in charge. The agency has a process in place to ensure that staff provided from another domiciliary care agency have the knowledge, skills and training to carry out the requirement of the job role. It was noted that staff rotas did not contain detail the full name of staff provided or a key to abbreviations used.

Following discussions with the person in charge and subsequently the acting manager, the inspector was provided with assurances that there is at all times an appropriate number of suitably skilled and experienced persons available to provide care to service users.



Agency staff are provided with a job description which outlines the roles and responsibilities of their individual role. Staff could describe their roles and responsibilities and the process for reporting any training needs or concerns to their line manager.

Staff could describe the detail of the induction programme received and indicated that they felt equipped to complete the requirements of their role; a number of staff stated that they received induction a number of years ago at commencement of employment. The agency maintains a record of induction.

Staff who spoke to the inspector stated that they are encouraged to highlight any training needs to their line manager at any time. The agency provides mandatory training to all staff and training specific to meet the needs of individual service users.

The person in charge stated that the individuals providing supervision have received appropriate training; the agency's policy details the frequency of supervision and appraisal; staff also described instances when group supervision has occurred to address specific issues/concerns or training needs.

Staff who spoke to the inspector were aware of the whistleblowing policy and their responsibility in highlighting concerns.

### **Is Care Compassionate?**

The agency discusses staffing arrangements with service users during the tenants meetings; a record is maintained of their views. Concerns raised by service users and their representatives are discussed at tenant meetings.

Service users are provided with details of staff being provided by the agency to support them. Staff could describe the impact of staff changes on service users and benefits of ensuring continuity of staff.

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. It was identified that the agency had recently provided training in relation to supported living and staff could describe the recent consultation process in relation to the care and support provided by the agency. Staff stated that they had the appropriate knowledge and skills to carry out their job requirements. Service users and relatives confirmed that staff have the knowledge and skills to provide care to meet the needs of individual service users.

Staff described how their induction included meeting service users and becoming familiar with their care and support needs. Service users and a relative stated that their privacy and dignity is respected at all times.

### **Service User Comments:**

- "I like it here; I can talk to the staff any time"
- "\*\*\*\*\* is my keyworker, I can talk to them"
- "I can do what I want, I went on holiday"
- "Staff are lovely"

**Staff Comments:**

- “I love working here”
- “I have recently received supervision following the change in management”
- “I received induction at the commencement of my employment”
- “I feel supported in my role”
- “Feel we could do with more staff at times; the agency has been recruiting new staff; two new staff are starting in the next few weeks”

**Relatives' Comments:**

- “\*\*\*\*\* did all they could to support my relative to move to a flat of their own”
- “The service is brilliant”
- “It was the best thing that happened to \*\*\*\*\*”
- “\*\*\*\*\* is safe; staff look after them”
- “Staff are nice; I can speak to any of them”

**Areas for Improvement**

Overall on the day of the inspection the inspector found care to be safe, effective and compassionate; however there were three areas identified for improvement.

**Regulation 21.-(1)(a) Schedule 4**

It is required that the agency’s staff rotas are updated to ensure that the full name of staff to be provided is recorded and a key for abbreviations used is included.

It is required that the registered person ensures that the agency maintains an alphabetical index of domiciliary care workers supplied of available for supply by the agency.

**Standard 13.3**

It is recommended that staff receive supervision in accordance with the agency’s procedures and that a record is maintained.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>1</b>
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**5.4 Theme 2: Service User Involvement - service users are involved in the care they receive****Is Care Safe?**

Assessments of need and risk assessments viewed reflected the views of service users and/or representatives. A service user and one relative stated that they are involved in the assessment of need and completion of care and support plans; they stated that their views and wishes are reflected.

Care and support plans viewed indicated that the views of service users and were appropriate their representatives were reflected and had been completed in conjunction with a relevant HSC trust representative.

Records viewed and discussion with staff provided evidence of positive risk taking in collaboration with the service user and/or their representative. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible.

### **Is Care Effective?**

Service users are encouraged to participate in an annual review of their care and support; staff stated that this involves representatives for the HSC trust. Staff record daily the care and support provided and care plans are reviewed monthly or as required. Service users stated that they are involved in the development of their care and support plans. Care and support plans viewed outline the wishes, choices and routines of service users and contain information specific to the needs of individual service users. Staff use easy read and pictorial guides to enable a number of service users to have an understanding of the detail of their care and support plan. It was noted that care and support plans are signed by the service user and/or their representative.

The agency facilitates weekly tenants meetings; records viewed indicate that service users are encouraged to express their views and opinions. In addition service users meet monthly with their identified keyworker. Staff stated that service users are supported to complete a weekly plan. Service users and their relatives are informed of the agency's complaints procedure the agency maintains a record of all compliments and complaints. Monthly monitoring visits are completed and documentation viewed indicates engagement with service users.

Service users have been provided with a human rights booklet in a suitable format and the agency's service user guide details the process of accessing an independent advocacy service. Relevant reference is made to service users' human rights within individual care plans. Staff have received human rights training.

### **Is Care Compassionate?**

Discussions with staff, service users and relatives indicate that service users receive care in an individualised manner. Care plans and agency records were written in a person centred manner and service users stated that they are consulted about the care they receive.

Staff discussed examples of responding to service users' preferences; a relative described how their views and choices are taken into account; records of weekly tenants meetings reflected the involvement of service users. It was noted that minutes of the meeting are developed in an easy read format. Service users stated that they meet with staff weekly to develop their plan for the week.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. Human rights were outlined in care plans the agency provides service users with an information booklet on human rights.

Staff could describe the process for engaging with the HSC trust regarding best interest practices for service users where there are capacity and consent issues; this included completion of risk assessments, best interest decision/review meetings and development of care plans in relation to decisions made.

**Service User Comments:**

- “Staff are good”
- “I like living here”
- “I go on holiday; I like it”
- “I do what I want”
- “My keyworker is lovely; I can talk to them”

**Relatives' Comments:**

- “Staff keep me informed; I can speak to any of the staff”
- “\*\*\*\*\* is given choice and respect”
- “I say what I think; I am not afraid to speak my mind”
- “The review meeting has been rearranged”
- “Staff keep you involved”

**Staff Comments:**

- “Service users are given choice they are encouraged to express their views and choices”
- “Service users are encouraged to attend tenants meetings”
- “It can be very busy; we try to promote independence of the service users as much as possible”
- “Some service users like one to one support; we try to facilitate this”

**Areas for Improvement**

There were no areas for improvement identified in relation to Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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**5.5 Additional Areas Examined****5.5.1 Monthly Quality Monitoring**

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by the agency's monitoring officer; the person in charge stated that future monitoring visits will be completed by a manager from another service. It was noted from records viewed that the views of service users and staff had been recorded however it was identified that the views of relatives and were appropriate relevant professionals had not been recorded. The documentation details any incidents or safeguarding concerns and contains an action plan.

**5.5.2 Complaints**

The agency's complaints policy outlines the procedure in handling complaints. The agency has received one complaint for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the acting manager. Records viewed indicated that the agency's policy and procedures had been followed.

## Areas for Improvement

One area for improvement was identified in relation to the agency's monthly quality monitoring which requires the agency to record the views of relatives and professionals were appropriate within the quality monitoring report.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [Supportedliving.services@rqia.org.uk](mailto:Supportedliving.services@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref:** Regulation 14 (b)

**Stated:** Second time

**To be Completed by:**  
**04 September 2015**

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-

(b) so as to safeguard service users against abuse or neglect.

This requirement relates to the registered person ensuring that a process is developed to reduce the amount of funds retained in the service users shared budget account.

The registered person must ensure that service users receive a refund of their share of excess monies held in their budget account.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

The amount held in the budget account has been reviewed and arrangement are now in place to ensure the required amounts are not exceeded in the future

At this current time and as all tenants have contributed equal amounts to the B/A, all tenants have requested that the surplus funding should be used to purchase items of furniture and to cover cost of some necessary re-decoration, staff are assisting tenants with this request, this action will address REQUIREMENT 1

#### Requirement 2

**Ref:** Regulation 14 (c)

**Stated:** Second time

**To be Completed by:**  
**04 November 2015**

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-

(c) so as to promote independence of service users.

This requirement relates to the registered person ensuring that provision is made for service users' monies and valuables to be secured in their own homes.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

Discussions have been held with relevant tenants on this matter and options identified, these will be ratified at tenants reviews which are scheduled to take place on 25<sup>th</sup> August, outcomes will be notified to RQIA

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 23 (1)(5)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> <b>04 August 2015</b></p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the views of service users' relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The monitoring officer has been reminded of this requirement and will ensure it is fully actioned, the registered manager will monitor reports to ensure compliance.</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 21.- (1)(a) Schedule 4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>04 August 2015</b></p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency maintains an alphabetical index of domiciliary care workers supplied or available for supply by the agency.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This requirement has been fully met. A full alphabetical index of agency staff has been compiled and is stored electronically for security and ease of access when required Arrangements are in place to ensure records are kept up to date</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 21.- (1)(a) Schedule 4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>04 August 2015</b></p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota details the full names of staff provided and that a key for abbreviations used is included.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This requirement has been fully met. Staff names and hours worked are now included on the duty rota.</p>

<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13.3  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>04 August 2015</b>	It is recommended that staff receive supervision in accordance with the agency's procedures and that a record is maintained.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Directorate of Mental Health have commenced a review of staff supervision within Supported Living services. In the interim, arrangements have been put in place to follow current procedures  All records are held within individual staff supervision files and stored securely		
<b>Registered Manager Completing QIP</b>	Tracey Welch	<b>Date Completed</b>	24/08/15
<b>Registered Person Approving QIP</b>	Francis Rice	<b>Date Approved</b>	26.08.15
<b>RQIA Inspector Assessing Response</b>	Joanne faulkner	<b>Date Approved</b>	26.08.15

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**