

# Announced Care Inspection Report 17 August 2017



## Lakeland Community Care

**Address: 1 Lattone Road, Belcoo, Fermanagh, BT93 5AQ**

**Tel No: 02866386934**

**Inspector: Michele Kelly**

**User Consultation Officer (UCO): Clair McConnell**

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Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

Lakeland Community Care is a domiciliary care agency based in Belcoo, Fermanagh. The agency provides care and support to 503 individuals living in their own homes who have their services commissioned by the Western Health and Social Care Trust (WHSCT). Services provided include personal care, medication support and meal provision. Service users have a range of needs including physical frailty, dementia and learning disability.

### 3.0 Service details

<b>Registered organisation / registered person:</b> Lakeland Community Care/Mr Patrick McGurn	<b>Registered manager:</b> Mr Patrick McGurn
<b>Person in charge of the agency at the time of inspection:</b> Mr Patrick McGurn	<b>Date manager registered:</b> 07 May 2009

### 4.0 Inspection summary

An announced inspection of Lakeland Community Care took place on 17 August 2017 from 10.00 to 15.00 hours.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

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

Evidence of good practice was found in relation to the agency's communication with Health and Social Care (HSC) Trust professionals and the implementation of new electronic methods to record visits in service users' homes.

Areas requiring improvement were identified and relate to ensuring the registered manager or registered person provides a statement that a person to be employed is physically and mentally fit for the purposes of the work he is to perform. It was also noted that the authenticity of emailed references in respect of one employee was not verified. Whilst some improvements in quality monitoring in service users' homes was evident, the UCO noted that two care plans required updating. There were significant gaps when monitoring did not take place and quality of care could have been compromised during this time. The inspector also identified the absence of commissioner feedback in the annual report.

Service users said the service was very reliable and consistent. Discussion with one trust professional supported a good quality service provided by the agency and those staff spoken with during inspection provided positive feedback in terms of their work within the agency

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Patrick Mc Gurn, 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 1 August 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 August 2016

#### **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 inspection report
- Record of notifiable events
- Record of complaints notified to the agency.

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

- Discussion with the registered manager
- Consultation with five care staff
- Consultation with a trust professional
- Examination of records
- File audits
- Evaluation and feedback.

The deputy manager was provided with 10 questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Only one completed staff questionnaire was returned to RQIA. The content of the questionnaire is discussed in the main body of the report.

During the inspection the inspector met with five staff. As part of the inspection, the User Consultation Officer (UCO) spoke with seven service users and eight relatives, either in their own home or by telephone, between 24 August and 1 September 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals
- Housework.

The UCO also reviewed the agency's documentation relating to five service users.

The following records were examined during the inspection:

- Four staff members' recruitment records
- Three staff members' induction and training records
- Three staff members' quality monitoring, supervision and appraisal records
- Staff duty rotas
- Adult safeguarding policy and procedure
- Recruitment policy and procedure
- Three service user records regarding referral, assessment and care plan information, service user guide and agreement information
- Three service users' records regarding review and quality monitoring
- The agency's statement of purpose
- Agency process for verifying staff NISCC registration
- Three monthly monitoring reports
- A range of communication records with trust professionals
- Complaints policy and procedure
- Complaints log
- A range of compliments.
- Annual Quality report 2015 – 2016.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 1 August 2016.

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

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

### 6.2 Review of areas for improvement from the last care inspection dated 01 August 2017

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
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13(d) and Schedule 3(10)	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-	<b>Not met</b>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in schedule 3.</p> <p>Schedule 3 - A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed four personnel records and there was no statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform. This area for improvement will be restated.</p>	
<p><b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 9.5</p> <p><b>Stated:</b> First time</p>	<p>Policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Policies viewed by the inspector on the day of inspection had been reviewed in accordance with the standard.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 11.4</p> <p><b>Stated:</b> First time</p>	<p>Staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector saw evidence in staff files which confirmed that staff are issued with terms and conditions of employment following a six week induction period.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 8.10</p> <p><b>Stated:</b> First time</p>	<p>Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>(regarding staff quality monitoring in line with agency policy timeframes)</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed three staff members' quality monitoring records and confirmed supervision and appraisal in accordance with the agency's policy. There was also a communal file containing evidence of staff quality monitoring in service users homes. The inspector advised that individual records should be filed in each employee's file to assist monitoring and audit of practices.</p>	
<p><b>Area for Improvement 4</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time</p>	<p>The registered manager ensures the agency delivers services effectively on a day to day basis.</p> <p>(regarding service user quality monitoring in line with agency policy timeframes)</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector noted from records available that there were some opportunities missed to spot check care and records in service users' homes. However whilst the inspector viewed evidence that staff members have recently been identified as responsible for quality monitoring in service users' homes and that this process was improving, this matter will be restated.</p>	<b>Partially met</b>
<p><b>Area for Improvement 5</b> <b>Ref:</b> Standard 4.1 <b>Stated:</b> First time</p>	<p>Each service user and, if appropriate, his or her carer/representative is provided with a written individual service user agreement before the commencement of the service. If it is not possible to provide this agreement before the commencement of the service, it is provided within 5 working days of such commencement.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that all new service users are issued with a pack containing an individual service agreement within 5 working days of the commencement of the service.</p>	<b>Met</b>
<p><b>Area for Improvement 6</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p>	<b>Partially met</b>



	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the annual report for 2015 -2016 and noted that it did not contain any feedback from commissioners of the service. This area for improvement will be restated.</p>	
<p><b>Area for Improvement 7</b> <b>Ref:</b> Standard 8.16 <b>Stated:</b> First time</p>	<p>All accidents and any incidents occurring when an agency worker is delivering a service are reported as required to relevant organisations in accordance with legislation and procedures. A record of these is maintained for inspection.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> The registered manager informed the inspector that there had been no incidents or accidents involving agency workers since the last inspection.</p>	

**6.3 Inspection findings**

**6.4 Is care safe?**

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

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Lakeland Community Care. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user’s security and that the new carer had knowledge of the required care.

No issues regarding the carers’ training were raised with the UCO by the service users or relatives; examples given included manual handling, catheter care and management of medication. All of the service users and relatives interviewed 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 or their relatives are listed below:

- “Peace of mind for the family that someone calls regularly with XXX.”
- “Couldn’t say a bad word.”
- “No concerns with the staff or the care.”

A range of policies and procedures were reviewed relating to staff recruitment and protecting vulnerable adults. The inspector found these policies to be up to date and in accordance with related regulations and standards.



Four files were reviewed relating to recently appointed staff. The information reviewed within the sample of staff files indicated that these domiciliary care workers had been employed and supplied to service users without a statement by the registered manager or the registered person confirming the person was physically and mentally fit for the purposes of the work they were required to perform. One file also contained references which had been emailed to the agency. One of these references had been forwarded to the service from the prospective employee's email address; the inspector was concerned that the information had not been verified with the referee and the authenticity of the reference recorded. The inspector advised that this matter is addressed immediately and verification obtained.

The inspector also discussed the absence of some records of service user quality monitoring. The manager explained that due to staffing issues there were some opportunities missed to spot check care and records in service users' homes. The inspector was assured that staff members have recently been identified as responsible for quality monitoring in service users' homes. Whilst some evidence that this process was improving was available to the inspector, quality of care could have been compromised when regular spot checks were not taking place.

An induction programme had been completed with each staff member; this did incorporate elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of four staff files supported a three day induction process compliant with Regulation 16(5) (a). Staff spoken with during inspection confirmed they had received a three day induction and where necessary extra shadowing days are available when staff or management believe they require additional time. The agency's deputy manager confirmed the majority of staff are registered with NISCC with the remaining staff moving towards registration. Staff members spoken to on the day of inspection described their recruitment and induction training processes in line with those found within the agency procedures and records. Staff were also able to describe their registration process with NISCC.

Staff training records viewed confirmed all care staff had completed the required mandatory update training programme. The training plan for 2017 contained each of the required mandatory training subject areas. The inspector noted that some staff have attended additional training including stoma care, staff interviewed confirmed that they can request extra training to meet the needs of service users and a staff member commented;

- “ Training is good and clear”

Records reviewed for three staff members evidenced supervision and appraisal as compliant with agency policy timeframes. There was also a communal file containing evidence of staff quality monitoring in service users homes. The inspector advised that individual records should be filed in each employee's file to assist monitoring and audit of practices

Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing. A safeguarding champion has been identified within the agency.

The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was viewed during inspection.

Service users and representatives who spoke with the UCO and discussions with staff suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group. The registered manager and the trust representative who spoke with

inspector confirmed that recruitment is difficult in rural areas. The manager stated that further recruitment is ongoing.

The inspector observed the records management arrangements within the agency and concluded appropriate storage and data protection measures were being maintained.

One staff questionnaire received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

**Areas for improvement**

Two areas for improvement were identified during the inspection;

The registered person must ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3. This refers to:

- Verifying the authenticity of emailed references
- Ensuring the registered manager or the registered person confirms that persons employed are physically and mentally fit for the purposes of the work he is to perform.

The registered person should ensure that working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures. This refers to quality monitoring processes in service users’ homes.

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

**6.5 Is care effective?**

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

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers’ timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Lakeland Community Care were raised with the UCO. Some of the service users and relatives advised that home visits have taken place to obtain their views on the service. One relative also advised that they had received a questionnaire from the agency to ensure satisfaction with the service.

Examples of some of the comments made by service users or their relatives are listed below:

- “Happy with the care.”
- “No complaints whatsoever.”
- “Good support from the office staff.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to five service users and it was noted that two care plans required to be updated. An issue regarding staff signatures on the agency’s daily log sheets was also noted. These matters were discussed with the registered manager who agreed to address them immediately. The manager confirmed they receive an amendment form from the trust detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers. The inspector spoke with a HSC Trust professional who was very satisfied with the care provided by agency staff and the responsiveness of management to issues raised.

Service user records viewed on the day of inspection included referral information received from the HSC Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency’s care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated. As discussed in the above section ‘ Is care safe’, reviews and quality monitoring of service users’ care are improving in the agency with staff focusing on meeting the annual timeframe , however this remains an area for further improvement. Staff interviewed 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 interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified. Staff also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

One staff questionnaire received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between agency staff and HSC Trust staff.

**Areas for improvement**

An area for improvement (previously stated under the section ‘Is care safe’) was identified during the inspection regarding service user quality monitoring on a consistent basis in line with the agency policy time frames.

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

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and

care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Lakeland Community Care.

Examples of some of the comments made by service users or their relatives are listed below:

- “Look forward to them coming.”
- “XXX is a lovely girl.”
- “No fault with any of them

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. One staff member commenting about visiting service users described the importance of engaging in conversation and taking opportunities to comfort; this employee said;

- “A lot like to chat and like you to spend time with them”

A trust professional commented;

- “The carers are lovely girls who go above and beyond to help service users”

Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

One questionnaire received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate. Staff discussions supported good practice in the area of compassionate care

**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

## 6.7 Is the service well led?

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

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person and manager, Mr Patrick Mc Gurn the agency provides domiciliary care across Fermanagh and Tyrone. The agency has in excess of 500 service users and employs 145 staff. Changes associated with being awarded the HSC Trust tender for providing domiciliary care and the challenges associated with service provision across a large rural geographical area were discussed by the manager. Mr McGurn also outlined plans (some of which are already implemented) to use electronic methods to monitor working practices.

Review of the statement of purpose and discussion with the manager, and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations.

The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One complaint had been made in regards to the care provided by one member of staff. The UCO discussed this issue with the registered manager who confirmed that this matter was under review. The inspector noted an increase in the volume of complaints logged by the agency since the last inspection and the manager explained that all issues of concern are recorded as complaints now. The inspector was satisfied that complaints are investigated appropriately.

Discussion with the registered person confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports for April, May and June 2017. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users' needs. Feedback from a trust representative post inspection highlighted communication between the agency and the trust is generally good.

Staff indicated that they felt supported by their managers who they described as always available with an open door policy. Staff also confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff stated they

are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users. The inspector was informed by the manager and senior staff that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC; however some new recruits are awaiting documentation.

The inspector viewed the annual report for 2015 -2016 and noted that it did not contain any feedback from commissioners of the service; this matter had been identified at the previous inspection.

One questionnaire received supported the service being well led with all staff indicating satisfaction with the agency management systems

### Areas of good practice

There were examples of good practice found during the inspection in relation to planned improvements to monitor working practices using bespoke electronic methods.

### Areas for improvement

The annual quality review process should record the views of all stakeholder groups including the commissioners of the service.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick Mc Gurn, registered person and manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

**7.2 Actions to be taken by the service**

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d) and Schedule 3 (4) (10)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in schedule 3.</p> <p>Schedule 3 – A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.</p> <p>Two written references relating to the person , including a reference from the person’s present or most recent employer</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> We confirm that all staff employed by Lakeland Community Care follow the correct recruitment as per our recruitment policy which includes 2 references preferably present and or previous employer. No employee can start work until completion of training where they are assessed by the Training Manager as to their ability and capability for this work. The Manager will then sign the training assessment. Furthermore all staff must have completed an Access NI check and the form produced to the Human resources Dept for assessment.</p>
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 17 November 2017</p>	<p>The registered manager ensures the agency delivers services effectively on a day to day basis.</p> <p>(regarding service user quality monitoring in line with agency policy timeframes)</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> LCC employ 2 Quality Assurance staff to monitor the quality of care provided to the Service User. this is carried out in various ways.</p> <ol style="list-style-type: none"> <li>1. Customer Satisfaction surveys on an annual basis</li> <li>2. Quality Assurance visits annually</li> </ol>



	<p>3. Purchaser satisfaction Surveys annually          4. Staff spot checks on a regular basis          5. Staff Supervision every 3 months          6. Annual Staff appraisals          7. Call monitoring - LCC have implemented a new clocking in system for carers which highlights any missed calls so service users can be contacted</p>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.12  <b>Stated:</b> Second time  <b>To be completed by:</b>          17 November 2017</p>	<p>The registered person shall ensure that key stakeholders are involved in the annual review of the quality of services.          Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>          Purchase satisfaction surveys are sent to Social Workers for completion annually.          Social Workers send in Community reviews for service users on a regular basis and where deemed necessary staff will attend reviews.          LCC annual report is available on the website and can be forwarded to key stakeholders on request.</p>

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



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