



Unannounced Care Inspection Report 30 January 2019



The Brook

Type of Service: Domiciliary Care Agency
Address: Brook Street, 6 Brook Green, Coleraine, BT52 1QG
Tel No: 02870344495
Inspector: Marie McCann

www.rqia.org.uk

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

The Brook is a supported living type domiciliary care agency which provides care and support for people living with dementia or cognitive impairment, with provision of 56 flats. In addition staff from The Brook provide support services to 5 bungalows which are located beside the complex. The agency is managed by the Northern Health and Social Care Trust (NHSCT) in partnership with Radius Housing Association, who acts as the landlord to the premises.

3.0 Service details

Organisation/Registered Provider: NHSCT Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs Sylvia Campbell
Person in charge at the time of inspection: Mrs Sylvia Campbell	Date manager registered: 24 October 2018

4.0 Inspection summary

An unannounced inspection took place on 30 January 2019 from 10.00 to 18.30.

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

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

Evidence of good practice was found in relation to staff induction, training, adult safeguarding and risk management.

Areas requiring improvement were identified in relation to content of the Statement of Purpose and Service User Guide; the provision of service related information to service users, the content and timeliness of support plans and management of complaints.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs. Sylvia Campbell, 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 29 August 2017

No further actions were required to be taken following the most recent inspection on 29 August 2017.

5.0 How we inspect

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

- The registration details of the agency
- Information and correspondence received by RQIA since the last inspection
- Recent correspondence received from a service user's relative in relation to an ongoing concern
- Incident notifications which highlighted that 12 incidents had been notified to RQIA since the last care inspection 29 August 2017
- Unannounced care inspection report from 29 August 2017

During the inspection the inspector met with the registered manager, two service users, a deputy manager, a senior support worker and a support worker.

The following records were examined during the inspection:

- Staff induction records for two recently recruited members of staff.
- Four staff personnel records in relation to supervision and appraisal records.
- Staff training matrix.
- Three service users' care records.
- The agency's complaints record since the last inspection.
- Staff roster information.
- A sample of activities timetables.
- A sample of minutes of service users' meetings for September 2018 and November 2018.
- A sample of minutes of staff meetings from April 2018 to January 2019.
- A sample of the agency's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports for October 2018, November 2018 and December 2018.
- Statement of Purpose June 2018.
- Service User Guide.
- Tenancy Agreement.

At the request of the inspector, the registered manager was asked to display a poster within the setting. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

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

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

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 August 2017

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

6.2 Review of areas for improvement from the last care inspection dated 29 August 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

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

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The responsibility for the induction of newly appointed staff lies with the registered manager. A review of staff induction records for two recently recruited staff members confirmed that the staff had received an induction lasting a minimum of three days as required within the domiciliary care agencies regulations. Feedback from the deputy manager and review of staff rota information confirmed that staff have a two week period to shadow experienced staff as part of the induction process.

The registered manager and deputy manager described the staffing levels which have been assessed as necessary to provide a safe service; they also outlined how the agency endeavours to ensure that the required number of experienced persons available to meet the needs of individual service users are on duty at all times. Review of a sample of staff rota information in addition to discussion with staff confirmed that staffing levels were consistent with

staffing levels as described by the registered manager. It was identified that the staff had been working additional hours to cover staffing vacancies and that agency staff are used on occasions. It was positive to note that the management team review a staff member's ability to undertake additional shifts once they have already worked 60 hours to ensure that the staff member remains competent and safe to undertake the duties and responsibilities of the role. The registered manager advised that a recruitment process is underway to fulfil a number of staff vacancies.

The registered manager stated that emphasis is placed upon endeavouring to provide a consistent staff group who know the service users and have the relevant knowledge and skills to support them. As far as possible, the same agency staff are requested. It was also noted that there is an effective process for staff communication during handover meetings which occur between shift changes.

The inspector viewed the agency's system to ensure that staff receive appropriate training to fulfil the duties of their role. The registered manager monitors and documents compliance levels in relation to training needs with the support of the administrator. A review of the agency's training matrix, in addition to discussion with the registered manager and administrator, confirmed that mandatory training had been completed for the majority of staff. Assurances were provided to the inspector that arrangements are in place for the remaining staff to receive training updates as part of an ongoing programme of training. Discussions with staff on the day of inspection identified that they considered the training they had received to be of a good standard and had supported them in fulfilling their roles and responsibilities. It was positive to note that the agency provided further training in addition to their mandatory requirements, such as dementia awareness, diabetes awareness, equality and diversity, end of life care and quality improvement. The inspector advised the registered manager and administrator to review the updated mandatory training guidelines available on the RQIA website to ensure ongoing compliance with best practice standards.

A review of records confirmed that there had been two adult safeguarding referrals since the last care inspection, following concerns identified by staff regarding the wellbeing of two service users. These records and discussions with the registered manager and staff during the inspection demonstrated that staff were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

The agency's governance arrangements in place that identify and manage risk were inspected. The registered manager could describe the process for assessing and reviewing risk. In addition, staff are required to record any incidents and accidents on an electronic system which is then reviewed and audited by the registered manager, the senior manager and the NHST governance department. A paper record was also maintained of incidents and accidents within individual service users' records. A sample of the records reviewed evidenced that the majority of incidents had been managed appropriately. However, one record had limited information; the inspector emphasised the need to ensure that accurate records are maintained of all actions/outcomes arising from any reported incidents or accidents. The registered manager and deputy manager provided assurances that this matter had been fully addressed.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of each service user. They acknowledged that any actions taken were underpinned by principles of privacy, respect and choice.

In addition, discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns about service users’ wellbeing and/or poor practice; they were aware of the organisation’s whistleblowing policy and were confident of an appropriate management response.

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

Service users’ comments:

- “Yes, I feel safe here.”
- “I can ask staff for help.”

Staff comments:

- “Training is a big focus here; staff are always being reminded to ensure training updates are completed.”
- “Training is very good.”

One relative returned a questionnaire to RQIA and indicated that they were very satisfied that the care provided to service users was safe. Comments included: “Xxxx’s care in The Brook is second to home. Staff are very approachable and helpful at all times.”

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency’s arrangements for responding to, assessing and appropriately meeting the needs of service users were reviewed during the inspection. The inspector identified that the agency’s Statement of Purpose and Service User Guide was required to be amended to clearly provide information with regard to a number of issues including, the range of care and support services available to service users residing in the bungalows. It was confirmed by the registered manager that the service provided to those living in the bungalows differed from those provided to service users within the flats. The registered manager also advised that as part of the referral process, some service users are assessed as requiring the support of staff or a relative when leaving the building the setting; the referral process allows for this to be fully discussed and agreed upon with service users and/or their family. It was agreed that the Service User Guide and Statement of Purpose should also reflect such arrangements in place and demonstrate consideration of any potential deprivation of liberty impact on service users.

In addition, the Statement of Purpose and Service User Guide should be amended to include the details of the Northern Ireland Public Service Ombudsman (NIPSO) and the patient and client council (PCC) and any other relevant advocacy services. An area for improvement was made in regard to these findings.

The registered manager spoke confidently about managing risks to service users' wellbeing while maintaining their human rights. The registered manager stated that this approach includes all service users, with the support of their representatives, being involved in producing their own care and support plans and contributing to any decision making, as appropriate. The registered manager confirmed that there were a number of restrictive practices in place for some service users. These had been risk assessed and agreed upon in order to maintain the safety and wellbeing of the individual service users. The agency had developed documentation to record service users consent for the use of assistive technology and any restrictive practices, which included a review of such interventions in consultation with the service user and their representative as appropriate.

However, it was noted in one out of the three records viewed of the service user's records that the relevant documentation had not been consistently completed and the care plan had not been fully updated to accurately reflect all such measures. It was agreed with the registered manager that these care records would be updated and that restrictive practice records for all service users, as appropriate, would be maintained in an accurate manner at all times.

The inspector reviewed a sample of three service users' care records. The care records were noted to be comprehensive and people centred, in regard to the needs of service users and were maintained in an organised manner. The care records evidenced referral information, an initial assessment prior to each service user moving in, falls risk assessments, manual handling assessments and care and support plans as applicable, depending upon whether the service user resided in the flats or the bungalows. The registered manager confirmed that the extent of involvement by service users in contributing to their own care records was determined by their cognitive abilities. It was also noted that service users' next of kin/representatives were consulted, as appropriate,

Matters brought to the attention of RQIA by a service users' representative were considered during the inspection. Discussions and review of records led to a number of areas for improvement being stated.

A review of the records relating to an identified service user in receipt of support services highlighted several shortfalls. Firstly, they had not been provided with a Statement of Purpose or Service User Guide or an appropriate written agreement detailing the terms and conditions of all the services to be provided including any associated charges. Two areas for improvement were made in this regard. Secondly, while the service user's support plan was person centred and comprehensive with regards to their assessed needs, it did not clearly outline which specific support needs were being met by the agency. An area for improvement was made. Also, the agency did not complete the service user's support plan in a timely manner. A further area for improvement was identified. RQIA are to liaise with the NHSCT in relation to the support charges in the service. The outcome of this and any relevant actions or learning will be shared with the service as appropriate.

It was noted that during the inspection, offices were appropriately locked and records were stored securely and in a well organised manner.

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

Service users' comments:

- “I have my own place which is great, I have everything I need.”

Staff comments:

- “Staff are so good at adapting their working day to the needs and choices of tenants, we need to be flexible.”

One relative returned a questionnaire to RQIA and indicated that they were very satisfied that the care provided to service users was effective. Comments included: “They (staff) look after xxxx’s needs in such a friendly and professional way.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk management, engagement with service users and the storage of records.

Areas for improvement

One area for improvement was highlighted in relation to content of the Statement of Purpose and Service User Guide. Two areas for improvement were also made in regard to the provision of service related information to service users.

Two further areas for improvement were highlighted in relation to the content and timeliness of support plans.

	Regulations	Standards
Total number of areas for improvement	2	3

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.

The inspector assessed the agency’s ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

Staff had received training in relation to equality and diversity. The registered manager advised that staff have not yet received any information or training in relation to the introduction of the General Data Protection Regulation (GDPR) to support them in being aware of and understanding recent changes in this area of legislation. The inspector advised the registered manager to review relevant guidance available on the RQIA website and to liaise with her senior manager regarding the agency’s GDPR responsibilities. The registered manager agreed to action this.

Discussion with staff found that actions taken were underpinned by principles of confidentiality, privacy, respect and choice. Staff acknowledged the need to ensure that service user consent is obtained as appropriate and that confidentiality is upheld. The staff spoken with on the day of inspection spoke positively about the practice of their colleagues.

Discussions with staff and service users indicated that care and support is provided in a person centred manner; staff described the methods used for effectively supporting service users in making informed choices. Service users confirmed that they can make choices about their everyday lives and that staff are respectful of their choices. It was positive to note that the agency seeks service users' consent in a range of matters relating to their individual care and support such as:

- option for night checks
- administration of medication
- permission to report incidents to next of kin
- safe keeping of keys
- assistive technology in use
- dealing with mail

The registered manager confirmed that service users residing in the flats also had access to regular service users' meetings to promote service users' consultation and involvement in the service. This was verified following review of a sample of minutes from meetings. A review of the minutes evidenced feedback being sought with regard to the activities and food provided, which appeared to be positive. In addition, service users were informed about new staff commencing work. The inspector advised that the service user meeting minutes should clearly identify actions planned and by whom and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings. The registered manager agreed to address this.

The inspector noted that the agency were in the process of collating return satisfaction surveys from service users and/or their next of kin. The inspector was unable to review any concluded findings arising from returned questionnaires as they were still being analysed and the annual satisfaction survey report was yet to be completed by the agency. This report is to be submitted with the QIP.

Discussion with the registered manager, a deputy manager and staff confirmed that in addition to activities organised by the agency's full time activities coordinator, support staff also organise a weekly activity programme for service users who reside in the flats. They described how they helped develop activity programmes for service users which were meaningful to the service user. This included development of meaningful links with community groups such as schools, local leisure centres and entertainers. There was recognition that service users had the right to choose whether to participate in group activities, or, if preferred, one to one activities. A review of a timetable of activities for the week of inspection evidenced that there were three activities arranged each day including men's group discussion, hand massage, bowls, reminiscence, bingo, arts and crafts and a walking group. Staff described how changes can be made to the timetable of activities based on the requests or needs of service users.

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

Service users' comments:

- "I enjoy the activities."

Staff comments:

- “There are activities at least three times a day; some tenants go out to the gym and local cafes.”
- “Activities are so important for our tenants, for those who don’t like group activities we spend some one to one time.”
- “The tenants love when singers come in.”

One relative returned a questionnaire to RQIA and indicated that they were very satisfied that the care provided to service users was compassionate. Comments included: “Every single staff member treats xxxx with so much respect and kindness; it is a beautiful thing to see.”

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector sought to assess the agency’s leadership, management and governance arrangements to meet the assessed needs of service users. The RQIA registration certificate was up to date and displayed appropriately. The agency is managed on a day to day basis by the registered manager with the support of two deputy managers, senior support staff, dementia support staff, domestic and catering staff, an administrator, an activity co-coordinator and a supporting people finance officer.

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

The registered manager confirmed that the agency has a range of policies and procedures in place to guide and inform staff. Staff confirmed that they can access the policies and procedures as needed.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Monthly quality monitoring visit reports were available to be examined. The reports for October 2018, November 2018 and December 2018 were examined and evidenced consultation with service users and other key stakeholders,

with positive feedback noted. However, it was agreed with the registered manager that further detail was required within the scope of the reports. For example, although incidents were audited there was no evidence to demonstrate meaningful analysis of the findings or that any learning was shared with staff, in order to improve the quality assurance of service provision and care delivery. This will be reviewed at a future care inspection.

Discussions with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision/appraisal processes, and an open door approach for discussions with the management team. Review of a sample of records verified that staff had received a number of individual supervision sessions and an annual appraisal since the last inspection.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC) or other regulatory body, as appropriate. The registered manager confirmed that information regarding registration and renewal dates had until recently been maintained and monitored by the organisation's governance department. This responsibility has now been passed to the registered manager to take over and arrangements are being put in place to monitor this. The registered manager stated that all staff are currently registered with NISCC and are fully aware that they are not permitted to work in the setting if their NISCC registration has lapsed.

A review of the complaints records maintained in the agency and discussion with the registered manager evidenced that there had been 10 complaints since the previous care inspection. While some complaints records were found to be comprehensive, it was noted that complaints records relating to landlord issues were not fully documented within the complaints record in order to provide evidence of whether such complaints had been satisfactorily resolved. It was also noted that a further complaint had been raised directly with the NHSCT's complaints department and the details of this was not recorded within the agency records. The need to maintain comprehensive records of all complaints which are received either directly or indirectly was stressed. An area for improvement has been made in this regard. It was also agreed that staff personnel records should be updated, as appropriate, to accurately reflect any staff related matters arising from the complaints process.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

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

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

- effective communication
- service user involvement
- adult safeguarding
- individualised person centred care
- individualised risk assessment

- disability awareness

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

Service users’ comments:

- “I have no complaints.”
- “I’m happy here.”

Staff comments:

- “Management are great.”
- “We have a good team.”
- “I really love the job.”

One relative returned a questionnaire to RQIA and indicated that they were very satisfied that the service was well led. Comments included: “We thank God daily that The Brook and its staff exist, they are excellent.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to promoting positive staff relationships and undertaking staff supervision and appraisals.

Areas for improvement

An area for improvement was identified in regards to the management of complaints.

	Regulations	Standards
Total number of areas for improvement	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 Mrs. Sylvia Campbell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, prepare or ensure that a written plan (“the service user plan”) is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user’s needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This relates to the need for the agency to ensure support plans clearly reflect the frequency of support visits, time allocated and tasks to be undertaken for those service users residing in the bungalows.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Each Tenant residing in the Bungalows has been provided with a domicillary grid detailing the frequency and duration of visits, and the required tasks for completion.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure 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>(a) so as to ensure the safety and well-being of service users;</p> <p>This relates to the need to ensure support/care plans and relevant assessments are undertaken in a timely manner.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Care and support plans will be completed within a 6week period of taking up tenancy. All relevent documentaion relating to new tenancies will be completed and signed by the relevent individuals within the same timescale. An initial review is carried out by named workers at the 6week point, provididng opportunity to make any amendments as required.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 4 (1) (2)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure that each service user and, if appropriate, his or her carer/representative is provided with a written individual service 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 five working days of such commencement.</p> <p>The agreement should include the cost for any support charges and refer to what support services are to be provided.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A service user agreement has been drawn up specifically for the bungalows. This document includes details of the service provision and while it does not include support charges which are now incorporated in the tenancy agreement, it directs the tenant to the Tenancy Agreement where same can be viewed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2019</p>	<p>The registered person shall ensure that services are delivered in accordance with the statement of purpose as approved by the Regulation and Quality Improvement Authority at the time of registration.</p> <p>This relates specifically to the Statement of Purpose and Service User Guide including the following information:</p> <ul style="list-style-type: none"> • the range of care and services provided to service users within the bungalows. • arrangements for service users to enter and exit the premises including any potential deprivation of liberty considerations. • the type and management of any and all restrictive practices. • the details of the Northern Ireland Public Service Ombudsman and the patient client council. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A specific Statement of Purpose solely for the bungalows has been drawn up. This document incorporates referenced bullet points above.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 2.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that prospective service users and where appropriate, their carers/representatives are given at the earliest opportunity (and no later than five working days of the commencement of the service) a “service user’s guide” that provides comprehensive up-to-date information about the agency and the services provided.</p> <p>Ref: 6.5</p>

	<p>Response by registered person detailing the actions taken: All tenants have been provided with a service users guide and statement of purpose. To ensure documentaion is received within the sepecified time scale, an introductory pack will be made up consisting of Statement of Purpose, Service User Guide and Tenants Handbook. Once the new tenant has completed all relevent documents with Fianance Officer, they will be directed to the Administrator who will provide copy of Service User Agreement and introduction pack which will require signature. A copy will kept on file.</p>
<p>Area for improvement 4 Ref: Standard 15.10 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all complaints received are thoroughly detailed within the complaints records held within the agency, with evidence of actions taken and outcomes.</p> <p>This is in regard to complaints related to estates issues and complaints referred directly to the NHSCT complaints department.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A file has been set up which will include all Brook complaints at the front and all complaints sent to NHSCT Complaints Dept will be filed at the back. The NHSCT Complaints Dept has been asked to ensure that the Manager is made aware of all such complaints. An additonl file has been set up for all Radius Maintenance Complaints. All responses will include a 2week window of opportunity for families to make a response if necessary.</p>

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



The **Regulation** and
Quality Improvement
Authority

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Assurance, Challenge and Improvement in Health and Social Care