

Unannounced Care Inspection Report 07 December 2017



North Down & Ards Supported Living Service

Type of Service: Domiciliary Care Agency

**Address: 11-13 Ballyholme Road, Bayview Centre, Clifton Road,
Bangor, BT20 5JH**

Tel No: 02891271497

Inspector: Amanda Jackson

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 agency is a supported living type domiciliary care agency that provides service to adults with learning disabilities who live at a number of addresses in the Bangor and Newtownards area. The agency's registered office is located at the Bayview Centre, Clifton Road, Bangor and was recently amalgamated to incorporate previous registered services at Cuan Terrace and Ward House. Under the direction of the Manager, Ms Heather Cruise a staff group of 58 provides a range of support and personal care services to 48 service users. The staff provides support to service users to enable them to live full and valued lives, as independently as possible. Service users are actively encouraged to be part of the community in which they live

and are supported to maintain their interests and leisure pursuits. The current service users' tenancies are held with a range of, housing associations and the HSC Trust.

3.0 Service details

<p>Organisation/Registered Provider: North Down & Ards Supported Living Service</p> <p>Responsible Individual(s): Mr Hugh Henry McCaughey</p>	<p>Registered Manager: Ms Heather Leanne Cruise</p>
<p>Person in charge at the time of inspection: Ms Heather Leanne Cruise</p>	<p>Date manager registered: 19/11/12</p>

4.0 Inspection summary

An unannounced inspection took place on 07 December 2017 from 09.15 to 17.15.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families, staff and Health and a Social Care Trust (HSCT) professionals during the course of the inspection was positive with five service users, four staff, two relatives and two HSCT professional presenting good feedback. A number of areas requested for review by one relative and one professional were shared with the manager and deputy manager during inspection.

Three areas were identified for improvement and development. These related to staff mandatory training in line with the required timeframes, review of a number of agency policies in accordance with the Domiciliary Care Agencies Minimum Standards, 2011. Monthly monitoring reports have been requested for review and submission to RQIA ongoing.

Service users, families and the professionals communicated with by the inspector, presented a range of mixed feedback regarding the service provided by North Down & Ards Supported Living Service in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the manager and deputy manager during inspection.

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

Following discussions with the service users, two family members, the staff and two HSCT professionals it was noted there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, families and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Heather Cruise, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 02 November 2015 and a joint care and finance inspection dated 15 April 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 02 November 2015. No QIP resulted from the joint care and finance inspection dated 15 April 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 reports and QIP
- record of notifiable events for 2016/2017
- Record of complaints notified to the agency
- Additional information presented to RQIA

On the day of inspection the inspector spoke with five service users who are supported by North Down & Ards Supported Living Service to obtain their views of the service.

The inspector also spoke with the Manager, deputy manager and four support workers.

Following the inspection the inspector spoke with two family members by telephone. The inspector also spoke with two HSCT professionals during the inspection day to obtain their views of the service. The service users spoken with have received assistance with the following:

- social support
- support with personal care needs
- support with medication management
- support with budgeting.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No questionnaires were returned. The manager was also asked to distribute ten

questionnaires to service users/family members. Four questionnaires were returned by service users and family, comments have been detailed within the report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding and whistle blowing.
- Two staff recruitment records.
- Three new staff member's induction records.
- Three long term staff members' supervision and appraisal records.
- Three long term staff members' training records.
- Staff training matrix.
- Staff meeting minutes.
- A range of staff rota's.
- Staff NISCC registration processes.
- Statement of purpose.
- Service user guide.
- One new service users' record regarding introduction to the service.
- Two long term service users' records regarding ongoing review, and quality monitoring.
- Two service users' home records.
- Service user/tenant meeting/house meeting minutes.
- Four monthly monitoring reports.
- Annual quality process.
- Communication records with HSCT professionals through annual reviews.
- A range of incident records including safeguarding matters.
- Two complaints records.

No areas for improvement were identified at the last joint care and finance inspection on 15 April 2016. Four areas for improvement were identified at the previous care inspection on 02 November 2015.

The findings of the inspection were provided to the Manager and deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent care and finance inspection dated 15 April 2016 and the previous care inspection dated 02 November 2015

The most recent inspections of the agency were unannounced joint care and finance inspection dated 15 April 2016 and a previous care inspection dated 02 November 2015.

The completed QIP from the 02 November 2015 care inspection was returned and approved by the care inspector. No QIP resulted from the joint care and finance inspection dated 15 April 2016.

6.2 Review of areas for improvement from the last care inspection dated 02 November 2015

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
<p>Area for improvement 1</p> <p>Ref: Regulation 5 Schedule 1 (2)</p> <p>Stated: Second time</p>	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement relates to the nature and range of the service. The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority.</p> <p>This requirement has been restated as records were not available during the inspection of the 2 November 2015.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the Statement of Purpose dated 28 November 2017 confirmed compliance with Regulation 5 Schedule 1 (2).</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 13 Schedule 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Review of two staff recruitment records prior to inspection confirmed compliance with Regulation 13 Schedule 3.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (5) (a)</p> <p>Stated: First time</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that— (a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of three staff induction records confirmed compliance with Regulation 16 (5) (a).</p>	Met
<p>Area for improvement 4</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</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>(b) retained for a period of not less than eight years beginning on the date of the last entry; and</p> <p>(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>Action taken as confirmed during the inspection:</p> <p>All records requested for review during the inspection day were made available by the manager and deputy manager.</p>	Met

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 was advised by five service users, two family members and two professionals spoken with that the safety of care being provided by the staff at North Down & Ards Supported Living Service was of a good standard. One professional stated, 'Staff need to be better trained in the area of restrictive practice and active support to fully support and empower service users'. One family member raised a matter regarding one to one staff support for their family member during night time periods. Both matters were shared with the manager and deputy manager during inspection feedback and are under ongoing review.

Policies and procedures relating to staff recruitment and induction were held on site. The Manager and deputy manager confirmed all policies are accessible on the service intranet.

The Manager and deputy manager verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. Review of staff recruitment records within the services human resources department prior to inspection confirmed compliance with Regulation 13 and Schedule 3.

The service has introduced a number of new staff members to the service over recent months. The service also has a number of bank and agency staff in place due to current staff shortages. An introduction/induction process for the new, bank and agency staff was discussed and reviewed during inspection and found to be in accordance with Regulations and Standards.

The induction process reviewed is recorded and signed off by the individual staff member and senior staff during the induction. The NISCC induction standards are embedded within the services induction programme.

Discussions with the manager, deputy manager and other support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal with NISCC has been implemented by the organisation. The Manager and deputy manager provided evidence of this process which detailed staff registration certificates in staff files. Staff are further required to complete documentation on an annual basis to confirm registration fees have been paid and registration maintained ongoing. The Manager and deputy manager provided assurances the process of review is fully embedded. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion during staff annual appraisal.

Staff spoken with during the inspection where able to describe their registration process; and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users or families. One of the professionals communicated with during inspection highlighted the need for more staff training in the area of 'active support' and this was shared with the manager and deputy manager during the inspection.

Five service users spoken with confirmed that they could approach the support staff if they had any issues and were satisfied matters would be addressed. The Manager and deputy manager confirmed communication with the service users' is ongoing and includes interaction with the Health and Social Care Trust (HSCT) professionals and families. Service users, families and the professionals spoken with confirmed communication is good and in a timely and professional manner. Examples of some of the comments made by the service users, families and the HSCT professionals are listed below:

- "Staff are good".
- "I like living here".
- "Staff are good with xxx".
- "Staff are very professional".
- "They are wonderful girls".

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were discussed with the staff team and confirmed as available on the service intranet. The agency has not developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The trust are currently working within the principles of the 2015 guidelines. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection were knowledgeable in respect of their roles and responsibilities regarding safeguarding. All staff spoken with were unfamiliar with the new regional guidance and revised terminology. The revised training programme is being rolled out to all staff in early 2018. Staff were also unaware of the safeguarding champion within the service and this feedback was shared with the manager and deputy manager during inspection.

The inspector was advised that the agency had several safeguarding matters since the previous inspection which were reportable to RQIA. Discussions during inspection, submission of incident notifications pre-inspection and review of records during inspection supported appropriate procedures in place within the service. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the Manager confirmed processes which would be used to address any matters arising. Review of such matters during inspection supported appropriate procedures in place.

Staff training records viewed for 2016-17 confirmed all staff were in the process of completing the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained a number of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the trust central training e-learning programme with practical training in areas such as restrictive practices as necessary. Review of staff records evidenced some gaps in mandatory training, discussion with the manager and deputy manager provided assurances this matter would be followed up post inspection, an area for improvement has been stated. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required.

Records reviewed for three staff members evidenced mandatory training, supervision and appraisal compliant with agency policy timeframes. Staff supervisions and appraisals were

found to be consistently referenced within staff records reviewed. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The Manager and deputy manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of two service users' records evidenced ongoing review processes, records had been signed by those involved including the service users where appropriate. Communication with service users, families and two HSCT professionals during inspection supported a process of ongoing review with service user involvement. The Manager and deputy manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with HSCT professionals was confirmed during inspection discussions.

Service users, families and the HSCT professionals communicated with by the inspector, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels at present through use of bank and agency staff. An ongoing recruitment process remains in place to bring staffing levels back to appropriate levels with a recent new intake of fifteen support staff.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Four service user questionnaires were received post inspection and confirmed service users were very satisfied with care provided.

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes around staff recruitment, supervision and appraisal. Staff training has been identified as an area for improvement. Review of service users' support needs where found to be ongoing. Feedback from service users, families and two HSCT professionals supported some inconsistency in support provided to service users by the agency and these matters were shared with the manager and deputy manager during inspection.

Areas for improvement

One area for improvement was identified during the inspection and relates to staff training consistent with mandatory training timeframes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The inspector was informed by the five service users', families and two HSCT professionals spoken with that there were no matters arising regarding the support being provided by the staff at North Down & Ards Supported Living Service. One professional highlighted that staff in certain houses were more knowledgeable and skilled in providing appropriate support to service users and in communicating with professionals, this feedback was shared with the manager and deputy manager during the inspection. One family member spoken with had a number of matters ongoing in respect of effectively meeting their family members' needs, these matters were shared also with the manager and deputy manager who both confirmed ongoing reviews of those matters.

No specific issues regarding communication between the service users, families and staff were raised with the inspector with exception to those stated above. Reviews were discussed with service users who confirmed they were involved in reviewing their support needs. The Manager and deputy manager confirmed service users receive a questionnaire to obtain their views of the service as part of the annual quality review process. Review of the 2016 survey report confirmed this process alongside staff feedback from 2016. The 2017 annual review is currently ongoing and will include family feedback. This process was reviewed during inspection and appeared appropriate. The inspector discussed the need to incorporate findings from all stakeholder groups (including professional feedback sought during monthly monitoring) into a complete annual review of the service and ensure any actions requiring review are clearly detailed. Assurances were provided by the manager and deputy manager to take this matter forward within the 2017 annual review process. Service user feedback has been ongoing over time together with relative and professional feedback through service user reviews, and through monthly monitoring completed in the service. These processes were confirmed during inspection.

Examples of some of the comments made by service users, families and two HSCT professionals are listed below:

- "Some staff are better than others".
- "Good communication".
- "xxx seems to be getting on reasonably well".
- "We discuss matters together with our keyworker".
- "The staff are good, I like living here".
- "I think the staff are great".

Service user records included reviews completed by the agency annually or more frequently with the trust and evidenced service users views are obtained and incorporated. Review of support plans within the agency supported an ongoing process involving service users and keyworkers; the support plans are signed by service users where appropriate. Involvement in reviews was discussed with service users during inspection and all confirmed involvement in this process.

The service has introduced one new service user since the previous inspection. The Manager and deputy manager confirmed the statement of purpose and service user guide are provided to new service users at introduction to the service and this was reviewed within the service user file during inspection.

The agency maintains recording sheets for each service user on which support staff record their daily input. The inspector reviewed two completed records and found the standard of recording to be good. The service also completes a monthly review of service users' needs and these were reviewed during inspection and held centrally within service user files. Service users' discussed this ongoing process and the benefit of reviewing their progress on an ongoing basis.

Staff spoken with during inspection demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior staff, manager or deputy manager if any changes to service users' needs are identified. Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Four service user questionnaires were received post inspection and confirmed service users were very satisfied with care provided. Service users stated, 'I went on a summertime cruise to the Med in 2017' and 'I like my colouring in books, my staff support this also'. No staff questionnaires were received post inspection.

Areas of good practice

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service users, families and the HSCT professionals was generally positive regarding the effectiveness of service support. Feedback from one family member and one trust professional regarding areas for improvement were shared with the manager and deputy manager during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The service users, families and HSCT professionals spoken with by the inspector felt that care was compassionate. One family member and one professional advised that some staff are more competent, skilled and efficient in their approaches to supporting service users than others and this feedback was shared with the manager and deputy manager during inspection. One professional described the service as good, with staff that are professional in their approach to meeting service user's needs.

Views of service users are sought through an annual review process or more frequently as required as detailed under the previous section. Examples of some of the comments made by the service users, families and professionals during the inspection are listed below:

- “Staff are very professional”.
- “Staff are good with xxx”.
- “Staff interact well with xxx”.
- “I am well supported by staff”.
- “I am very happy living here”.
- “No issues at all”.
- “XXX has come on leaps and bounds since moving there”.
- “I like living at xxx. I love xxx and I love seeing my mummy”.

The agency implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users and their family members alongside HSCT professionals and staff feedback.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect.

Four service user questionnaires were received post inspection and confirmed service users were very satisfied that care provided was compassionate. Service users stated, ‘I like to tell staff the milkman has left the milk on our doorstep, then staff help me to arrange this in my fridge’ and ‘I was supported to have a wonderful 60th birthday party with my friends and family’. No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, families, the HSCT professionals and staff on the day of inspection.

Areas for improvement

No areas for improvement were identified during the inspection in respect of regulations and standards.

	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.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff, families and the HSCT professionals include:

- “Staff are good in communicating with me”.
- “I really enjoy my work with service users”.
- “We have a good staff team and management support”.
- “No complaints”.
- “If there was ever an issue I would raise it but there's not”.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current Manager, the agency provides domiciliary care/supported living to 48 adults living within the North Down & Ards Supported Living Service.

The agency’s complaints information viewed was found to be appropriately detailed and included reference to independent advocacy services.

The policies and procedures are maintained on the service intranet and the contents discussed with the Manager and deputy manager. The arrangements for policies and procedures to be reviewed at least every three years was not found to have been implemented consistently within all policies reviewed including the appraisal, disciplinary, safeguarding and data protection policies due for review; an area for improvement has been stated. There was no evidence of a training and development policy and again this was raised for review. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings/group supervisions which take place on an ongoing basis and were evident during inspection.

The complaints log was viewed for 2016-2017 to date, with a range of complaints arising across various houses within the service. Review of two complaints during inspection supported appropriate procedures in place.

Discussion with the Manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. A range of incidents had arisen since the previous inspection and had been appropriately notified to RQIA. Review of several matters during inspection supported appropriate procedures in place for incident and safeguarding review.

The inspector reviewed the monthly monitoring reports for June, July, September and October 2017. The reports evidenced that the monthly monitoring is carried out on a peer review basis across different supported living and day care services. Monthly monitoring was found to be in accordance with minimum standards regarding input from service users, relatives, staff members and professionals but evidenced inconsistencies in respect of other matters. The inspector discussed some inconsistencies across reports given that they are completed by

different managers ongoing. Matters arising included actions plans for one month related to a specific house within the service followed by another monthly report which reviewed a different house; this led to inconsistent follow up of action plans of certain houses. The reports also need to be more explicit in relation to file audits completed to ensure comprehensive review of all records over a period of time. The monthly reports did not highlight gaps in staff mandatory training evident at inspection and again this feedback was shared with the manager and deputy manager during inspection. An area for improvement has been stated regarding submission of monthly reports to RQIA post inspection for review.

Discussion with four support staff during inspection indicated that they felt supported by their Manager and deputy manager and within the staff team at North Down & Ards Supported Living Service. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the service were evident during the inspection and supported an open and transparent process in respect of appropriately meeting service users need. Communication with two HSCT professionals during inspection supported an open communication process with staff at North Down & Ards Supported Living Service.

Four service user questionnaires were received post inspection and confirmed the service is well led'.

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring of service users support needs and maintaining relationships with key stakeholders were also evident.

Areas for improvement

Two areas for improvement have been identified during the inspection in relation to monthly monitoring reports and their required submission to RQIA following inspection for ongoing review. Review of policies periodically in line with Regulations and Standards was also detailed within the QIP.

	Regulations	Standards
Total number of areas for improvement	1	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 Ms Heather Cruise, manager, and the deputy 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 23 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017 and ongoing.</p>	<p>23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>In accordance with Regulation 23 (2) (3), the registered person must forward to RQIA reports of quality monitoring undertaken on a monthly basis until further notice.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>North Down and Ards Supported Living Service now has a new monitoring officer who began reports in for Nov 17. The registered manager will forward monthly reports to RQIA until further notice. To ensure that action plans within monthly reports are carried out, the monitoring officer will review the action plan at each visit with the manager/deputy manager. The manager will share monthly reports with all senior support workers working across the service and will ensure that action plans /changes are implemented throughout the service.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 07 March 2018</p>	<p>Mandatory training requirements are met.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The manager will ensure that the mandatory training of staff is carried out and the training matrix kept up to date. Currently the training compliance is 94%. Any staff that have not completed full mandatory training are booked onto required courses.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: 07 June 2018</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. (in respect of appraisal, disciplinary, safeguarding and data protection policies)</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This has been escalated to senior management for further action.</p>

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



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