

Announced Domiciliary Care Agency Inspection Report 17 January 2017



The Croft Community

Domiciliary Care Agency (DCA)/Supported Living
Address: 71 Bloomfield Road, Bangor, BT20 4UR
Tel No: 0289145 9784
Inspector: Amanda Jackson

1.0 Summary

An announced inspection of The Croft Community took place on 17 January 2017 from 09.30 to 17.00 hours.

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

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the individual needs of service users are central to decision making about how services are provided. The agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff have a high degree of confidence in management and have access to appropriate consultation at all times.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support to service users include evidence of positive risk taking whilst actively maximising safety for service users at all times. The inspector found solid evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives, and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, relatives, staff and three HSC Trust professionals, which indicated that service provision had resulted in positive outcomes for service users' lives.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred compassionate care.

The inspector observed interactions between staff and service users and received feedback from relatives and community professionals which indicated that the human rights, choice and respect of service users are upheld through service delivery. Discussions with service users indicated that their views and wishes are absolutely central to service delivery. The agency staff make extensive efforts to support the choices and independence of service users.

The agency maintains systems to ascertain the wishes and feelings of service users/their representatives, and to involve them in decision making. The delivery of compassionate care has resulted in notable positive outcomes for service users. One area for improvement was noted and relates to inclusion of all stakeholders in the annual quality survey.

Is the service well led?

During the inspection the delivery of a well led service was found. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement is driven. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, were notable and have contributed significantly to the positive outcomes achieved with service users.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Mr Alan Hutchinson, registered manager, and the supported living lead 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent inspection on 24 April 2015.

2.0 Service details

Registered organisation / registered person: The Croft Community Ltd/Yvonne McCaughren (Acting)	Registered manager: Mr Alan Hutchinson
Person in charge of the agency at the time of inspection: Mr Alan Hutchinson	Date manager registered: 26 January 2016

3.0 Methods/processes

Prior to inspection the following records analysed:

- Previous inspection report and Quality Improvement Plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency
- Correspondence with RQIA.

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

- Discussion with the registered manager and supported living lead
- Consultation with eleven service users
- Consultation with four relatives
- Consultation with seven support staff;
- Consultation with three Health and Social Care Trust (HSCT) professionals
- Examination of records
- File audits
- Evaluation and feedback.

During the inspection the inspector spoke with the chief executive, the registered manager, the supported living lead, seven support staff, eleven service users, four relatives, and three community professionals. During the inspection the inspector observed the interactions of staff with service users.

The registered manager was provided with ten service user questionnaires and ten staff questionnaires to distribute to randomly selected service users and staff members for their completion. The questionnaires asked for service users and staff views regarding the service, and requesting their return to RQIA. Two staff questionnaires and four service user questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three staff members recruitment records
- Induction policy and procedure, programme of induction and supporting templates
- Two staff members induction and training records
- Training and development policy and procedure
- Supervision and appraisal policy and procedure
- Three long term staff members supervision and appraisal records
- Three long term staff members training records;
- Three staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Two new service user records regarding referral, assessment, care planning
- Two long term service user records regarding review, reassessment and quality monitoring
- Quality assurance policy
- Four tenants meeting minutes
- Data protection policy
- Records management policy
- The agency's service user guide/agreement/tenants agreement
- The agency's statement of purpose
- Staff handbook
- Three service users home recording records
- Three monthly monitoring reports
- Annual quality report 2015
- Three compliments
- A range of staff meeting and senior staff meeting minutes
- Two communications to trust professionals/keyworkers regarding changes to service users needs
- Confidentiality policy and procedure
- Complaints policy and procedure
- One complaint record;
- Reporting adverse incidents policy and procedure;
- Two incidents records.

4.0 The inspection

The Croft Community at 71 Bloomfield Road, Bangor is a supported living domiciliary care service which provides twenty four hour care and support to twenty eight service users who have a learning disability and complex needs

4.1 Review of requirements and recommendations from the last care inspection dated 24 April 2015.

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 21.- (1)(a) Schedule 4</p> <p>Stated: First time</p> <p>To be Completed by: 24 June 2015</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota details the full names of staff provided and that a key for abbreviations used is included.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Staff rota's reviewed during inspection were clearly presented in terms of full staff names and the shifts they were covering on an ongoing basis.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 21.- (1)(a) Schedule 4</p> <p>Stated: First time</p> <p>To be Completed by: 24 June 2015</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided -</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them.</p> <p>This requirement relates to the registered person ensuring that the practice of monthly monitoring and recording of service users' weight is reviewed to identify those service users who require regular weight monitoring.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussions during inspection with the registered manager, supported living lead and review of service user records supported compliance with Regulation 21.- (1)(a) Schedule 4.</p>	

4.3 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken with highlighted the ongoing difficulty in recruiting junior staff and this was acknowledged by the registered manager and supported living lead during inspection feedback.

The inspector received feedback from the registered manager and staff which indicated that the needs of service users are to the forefront of decision making regarding providing appropriate cover across all shifts. The inspector noted that vacant shifts are covered by the current staff team, or a small number of staff provided by a registered domiciliary care agency which is also an employment agency. The staffing arrangements enable the agency to largely provide familiar staff to service users who particularly need staff continuity. Review of the agency induction programme for agency staff appeared to be in compliance with normal staff induction procedures. The registered manager and supported living lead is responsible for the day to day provision of services and both demonstrated good knowledge of service users during inspection discussions and review of records. The staffing arrangements provided by the agency have contributed to positive outcomes for service users. This was supported during the inspector discussions with service users, relatives and trust professionals.

It was noted that the agency has an induction policy and induction programme which includes an initial three day period of induction to the service and shadowing experienced staff, and an ongoing probationary period of six months. The inspector received feedback from staff which indicated that the induction period prepared them for their roles and responsibilities within the organisation. The agency has appropriate induction and support mechanisms in place for staff working on a temporary basis.

The inspector noted that the staffing arrangements include flexibility to allow service users the time they need to get to know new staff before they provide services alone in the service users' home. Staff members spoken with commented: 'We introduce new staff to service users over a period of time with new staff working alongside experienced staff until both staff and service users feel confident with each other.' The inspector received feedback from staff and through observation which indicated that the needs of service users are a primary consideration in staffing arrangements and have contributed to positive outcomes for service users.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards such as Dementia training. Medication training is currently under review and was communicated to staff in the November staff newsletter. Staff discussed key training as an ongoing process with provision for additional training as identified. Staff commented:

'Training is very good and ongoing but recent introduction of online training in a range of training areas inhibits face to face discussion when key queries arise'. This feedback was shared with

the registered manager and supported living lead during the inspection for further discussion with staff teams.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency policy. One record from three reviewed indicated staff supervision and appraisal had not taken place in line with the agency procedure and this was discussed with the registered manager and supported living lead for review. Staff described managers as 'supportive' and always available to respond to queries and concerns.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector was informed that the training manager for The Croft Community delivers safeguarding training.

Staff described safeguarding training as being of a high standard and directly relevant to their roles. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. One staff record reviewed indicated staff training had not been updated since 2014 and this was discussed with the registered manager and supported living lead for immediate attention. Assurance was provided that this training would be updated over the coming weeks.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to the registered manager or supported living lead who has knowledge of the needs of service users.

The agency has not made any recent safeguarding referrals to the HSC Trust. The registered manager confidently described the agency's role working with the HSC Trust in relation to safeguarding concerns. The inspector noted that the effective person centred care and support plans, may have contributed to safer outcomes for service users.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice/whistleblowing, and are confident of an appropriate management response. Review of the agency policy highlighted contact information for organisations outside of the Croft Community were not detailed; this matter was discussed with the registered manager and supported living lead for consideration.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The inspector examined referral and review arrangements with the HSC Trust which include risk assessments and care plans. It was evident to the inspector that the agency has sought to minimise risk whilst maximising the safety, independence and choice of service users, thus contributing to positive outcomes for service users.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set out in the Statement of Purpose.

Of questionnaires returned by staff, both indicated they were 'very satisfied' that care was safe. Of questionnaires returned by service users, all four indicated they were 'very satisfied' that care was safe.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2015) and Service User Guide.

The inspector reviewed a range of service users' care and support plans. The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Staff described service users as actively involved in the development and review of care and support plans. One staff spoken with during inspection stated; 'Person centred planning is key to the care and support provided to service users. The service users are centrally in all we do.'

Records indicated regular evaluation and review of care plans, including involvement as appropriate with service users' relatives and the HSC Trust; this was supported by feedback from agency staff, relatives and HSC professionals spoken with during the inspection process.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a member of the management committee who has a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with relatives indicated that they have open lines of communication with staff and are confident that they will be responded to appropriately. A relative provided positive feedback regarding the effective working relationship they have with staff, commenting 'my xxx loves living in the Croft Community and can't wait to get back during visits to their family home, communication from staff is excellent'. A further relative commented: 'Nothing compares to the Croft Community'.

It was evident that the agency work effectively to implement appropriate communication methods and participate in ongoing re-evaluation to enhance services provided to the service users. In the course of the inspection the inspector observed that staff were aware of and promoted effective communication with all service users. The service users provided positive feedback to the inspector regarding how happy they are living at the Croft Community.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Tenants meetings were also reviewed during inspection and discussed during inspector meetings with service users, the meetings provide ongoing opportunities to discuss key tenant matters within individual houses and to review matters arising in an appropriate forum.

Communications systems maintained by the agency provided evidence of effective communication, including a complaints and compliments process, tenant meetings, staff meetings, quality monitoring reports and ongoing care plan reviews between keyworker and service user.

Several community professionals provided positive feedback regarding effective regular communication with the agency which has led to positive outcomes for service users. Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and understands when to refer to or consult with a range of appropriate professionals.

Of questionnaires returned by staff, both indicated they were 'very satisfied' that care was effective. Of questionnaires returned by service users, all four indicated they were 'very satisfied' that care was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users. The inspector observed staff promoting the independence and choice of service users throughout their interactions and provision of service delivery.

Staff discussed how service users expect to have their voices heard in relation to care and support planning stating 'All service users support plans are central to our work, every day is scheduled according to the service users wishes, and what they want to do.'

In the course of the inspection the inspector noted that service users were comfortable in their interactions with staff and freely stated their wishes and views. Service users were keen to speak with the inspector and to participate actively in the inspection, such as showing inspector their new homes, and explaining how staff at the agency provide care and support to them. The service users who spoke with the inspector were familiar with the staff rota and knew when to

expect services to be provided to them. Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines.

The inspector received robust evidence that the agency's effective working relationships with trust professionals and implementation of recommended strategies has led to improvements in the ability of service users to lead an active and independent life. Three community professionals provided positive feedback regarding the focus of staff on improving service user's to make choices regarding their day to day life. A number of service users showed the inspector their homes and explained how they use communication systems/rota's in daily decisions and routines. The inspector received feedback from community professionals and a number of relatives about how staff support service users to live a full and active life with support as required.

A number of service user discussed how staff enable them to plan, purchase and cook meals of their choice and how they meet weekly with other service users who share the house to discuss menu choices. The service users described how the agency staff facilitate them to participate fully in the local community, including attending local groups, shopping at the local centre and further afield as indicated by the service users. Positive feedback was provided to the inspector by staff and service users regarding the agency's actions in facilitating relationships with friends and family who reside some distance from the service user's home. It was noted that the wishes of service users are a central driving force to facilitating travel, even when there are obstacles to overcome.

Service users commented:

- 'The staff are very good.'
- 'I like living at the Croft Community.'
- 'I can plan what I want to do and staff support me.'

The inspector noted that the agency actively promotes service user involvement within their own homes and throughout the wider croft community through the tenants meetings and tenants association meetings. Service users discussed their attendance at these meetings with other service users, and their participation in contributing to decision making regarding their own needs and those within their homes or across the Croft Community such as holiday planning, complaints matters and maintenance issues arising. Discussion with service users and records of tenants' meetings reviewed indicated that a range of subject matters are discussed including daily matters and wider matters such as service users holidays and outings. Minutes of meetings reflected meaningful inclusion of service users across the agency in decision making processes.

The inspector received feedback from relatives which indicated that the agency seeks and takes into account their views and knowledge on an ongoing basis. The agency maintains formal processes to ascertain and respond to the views of relatives, such as monthly quality monitoring, review meetings and the annual quality survey. The chief executive of the Croft Community met with during the inspection discussed how individual relatives had been met with following the previous annual survey feedback in relation to matters which could be improved. A relative spoken with post inspection supported this follow up process of communication to ensure all matters raised were fully addressed. Relatives described having an ongoing working relationship with agency staff where they felt that their opinions are listened to and valued.

Relative commented:

- 'My XXX has so many friends, XXX loves living there.'
- 'Fantastic, couldn't say a bad word about them.'
- 'Nothing compares to it.'
- 'Recent transition from temporary accommodation was handled very well, my xxx was very well supported.'
- My xxx is a changed person since going into the Croft Community in 2008.'

The agency maintains a range of quality monitoring systems to evaluate the quality of service provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users and their representatives. The inspector examined the report of the annual service user evaluation survey 2016, which reflected a high level of satisfaction amongst service users and family regarding the care they receive and the manner in which staff treat them. The inspector discussed the inclusion of all stakeholders in the annual survey review including trust professionals and staff working within the service. The chief executive, registered manager and the supported living lead acknowledged this area for development and provided assurance this would be implemented during the next annual quality survey; a recommendation has been made.

Of questionnaires returned by staff, both indicated they were 'very satisfied' that care was compassionate. Of questionnaires returned by service users, all four indicated they were 'very satisfied' that care was compassionate.

Areas for improvement

One area for improvement was identified during the inspection and relates to inclusion of all stakeholders in the annual quality survey.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management of governance established by the Croft Community have been implemented by the agency. The agency is managed on a day to day basis by a registered manager and supported living lead.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector saw evidence of reflective learning from a range of incidents through the monthly monitoring process, ongoing involvement of HSC Trust professionals in reviewing service users needs, and continued communication with service user and relatives in maintaining and improving the quality of life for service users. The manager discussed the process for reviewing incidents individually, and collectively to analyse trends and formulate effective improvement plans.

The inspector received positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, particularly the commitment of agency staff to learn new ways of working, implement strategies consistently and openness to review and evaluation of practices.

The management structure of the agency is clearly defined and was well understood by staff. Agency staff and relatives provided feedback that they were confident of the managers' ability to address concerns constructively. Whilst the agency undergoes continuous changes in staffing, the inspector noted that the manager and supported living lead take action to facilitate consistency for service users as far as possible. This includes providing service users as much time as they individually need to familiarise themselves with new staff. One relative spoken with by the inspector stated 'New staff are shadowed by regular staff which works very well.'

The agency operates a robust training system and has an appointed trainer. It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated they are confident that managers would listen to and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff. The agency maintains and implements a policy relating to complaints. The inspector noted that one complaint had been received during the reporting period of 1 April 2015 to 31 March 2016. Review of this record supported appropriate processes in place for complaints review.

Staff could describe how they would respond to concerns about the performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

The inspector noted that agency staff work effectively as a team, particularly with regard to maintaining consistency needed by service users, and enabling service users to gradually familiarise themselves with new staff members. The inspector saw evidence of effective planning of staff resources to enable service users to engage in social inclusion, prepare healthy food of their choice and facilitate relationships with friends and family.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. It was evident to the inspector that effective partnership working with Trust professionals has resulted in positive outcomes for service users who have complex needs.

Of questionnaires returned by staff, both indicated they were 'very satisfied' that the service was well led. Of questionnaires returned by service users, all four indicated they were 'very satisfied' that the service was well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Manager, Mr Alan Hutchinson and the supported living lead as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Agencies.Team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 8.12

Stated: First time

To be completed by:
17 June 2017

The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process.

Response by registered person detailing the actions taken:

We are in the process of finalising our annual survey results from questionnaires sent to all parents, carers. The registered manager and responsible person (CEO) meet with SE H&SC Trust managers annually to review services and governance issues, the registered manager also completes quarterly returns to the Trust.

In respect of key stakeholders (service users), our plan is to establish a service users forum who will complete their own annual quality review of services as they see it.



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