

Unannounced Care Inspection Report 15 April 2019



Supported Living Services

Type of Service: Domiciliary Care Agency

Address: 1-3 Bowens Close, Banbridge Road, Lurgan, BT66 7WD

Tel No: 02838345317

Inspector: Aveen Donnelly

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

Supported Living Services is a domiciliary care agency (supported living type), providing care and support to nine individuals who live in the Lurgan area. The agency's registered office is located in the home of three of the service users. Staff employed by the Southern Health and Social Care Trust (SHSCT) provide 24 hour care and support to the service users. Service users have a range of needs including mental health issues, learning disabilities and autism.

Service users live close to Lurgan town centre which facilitates easy access to the town for shopping, leisure and recreation. Service users share their home with other service users.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin (registration pending)	Registered Manager: Ms Gemma Cunningham (Acting)
Person in charge at the time of inspection: Senior Support Worker	Date manager registered: Application not yet submitted

4.0 Inspection summary

An unannounced inspection took place on 15 April 2019 from 09.15 to 17.20.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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.

There were examples of good practice found throughout the inspection in relation to staff recruitment, adult safeguarding, risk management and care delivery. There was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promotes the involvement of service users, particularly in relation to planning their own activities. There were governance and management arrangements in place, which focused on maintaining good working relationships.

Throughout the inspection it was evident that the agency promotes the service users' human rights; this was evident particularly in relation to the areas of, consent, autonomy, equality, decision making, confidentiality, disability awareness, preventing discrimination, rights to an education and to attend religious services.

Three areas for improvement previously made at the last inspection have been stated for the second time. New areas for improvement related to the monthly quality monitoring

processes; the system for ensuring new staff have access to the e-learning training system; and in relation to including the service users in the annual satisfaction survey.

Service users and relatives consulted with also spoke positively in relation to the care and support they received.

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 the person in charge, as part of the inspection process. Gemma Cunningham, acting manager The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 21 June 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 June 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- the returned Quality Improvement Plan
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Analysis of feedback is included within the report.

Questionnaires were also provided for distribution to the service users and their representatives; six were returned and are included within the report.

The inspector spoke with three service users, one staff member, four relatives and one Health and Social Care Trust (HSCT) representative. Comments received are included within the body of the report.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced care inspection dated 21 June 2018

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
Area for improvement 1 Ref: Regulation 13(d) Schedule 3 Stated: First time	The registered person shall ensure that no domiciliary worker is supplied by an agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Met
	Action taken as confirmed during the inspection: The review of the recruitment records confirmed that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 21(1)(a) Schedule 4 Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner This relates specifically to the details of each supply of a domiciliary care worker to a service user, the alphabetical indexes of service users and domiciliary care workers and the agency's staff induction information.	Not met
	Action taken as confirmed during the inspection: The review of the records identified that the shifts worked by bank staff were not clearly recorded; the alphabetical index of staff was not up to date; and there were gaps in the completion of the staff induction information. This area for improvement was not met and has been stated for the second time.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: Second time	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>This relates specifically to Infection control and Basic Life Support training updates.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The review of the training records confirmed that two staff had not completed training in Infection Prevention and Control; and eight staff had not completed training in Basic Life Support. Assurances were provided that this training would be provided to staff within a specified period of time; this was confirmed to RQIA by email on 20 April 2019.</p>	
Area for improvement 2 Ref: Standard 12.7 Stated: Second time	<p>The registered person shall ensure that a record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by the staff. The record includes:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training event; • the date(s) of the training; • the name and the qualification of the trainer or the training agency; and • content of the training programme. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The review of the training records confirmed that certificates were held in each staff members' files. Where certificates were not available, copies of the staff sign-in sheets were retained, which generally indicated the above details. Advice was given in relation to recording training information, where sign-in sheets are not provided by the person who provided the training.</p>	

Area for improvement 3 Ref: Standard 3.2 Stated: First time	The registered manager shall ensure that the person-centred, holistic assessment of need provided to the agency includes: <ul style="list-style-type: none"> • a care plan, signed and agreed by the service user. 	Not met
	Action taken as confirmed during the inspection: The review of the care records confirmed that where amendments had been made to care plans, these had been dated. However, the service users had not consistently signed that they had agreed with the care plan. An area for improvement has been stated for the second time.	
Area for improvement 4 Ref: Standard 4.3 Stated: First time	The registered person shall ensure that the agreement is monitored, reviewed and updated as necessary to reflect any changes in the care plan or in the need for service delivery.	Not met
	Action taken as confirmed during the inspection: The review of the care records confirmed that the agreement had not been updated in respect of changes in the care plans. An area for improvement has been stated for the second time.	

6.2 Inspection findings

6.3 Is care safe?

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

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency's staff recruitment processes were noted to be managed in conjunction with the human resource department. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices. Staffing levels were consistently

maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met.

New employees were required to have an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. However, the review of the records identified that the induction information was not consistently recorded. Other deficits in record keeping were identified, specifically the recording of shifts worked by bank staff and the index of domiciliary care staff was not up to date. An area for improvement identified in respect of Regulation 21(1)(a) was not met and has been stated for the second time.

There was a rolling programme of supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. The training records identified that a number of staff had yet to complete training in Infection Prevention and Control; and Basic Life Support. The person in charge advised that two staff members, who had commenced employment in January 2019, had not received their log in details to enable them to complete their Infection Prevention and Control training. Refer to section 6.7.

It was good to note that additional training had been provided to staff in areas such as human rights, equality and diversity, confidentiality and data protection. A poster was displayed in the office, in relation to the new International Dysphagia Diet Standardisation Initiative (IDDSI). The inspector was advised that all staff were encouraged to undertake further qualification in health and social care and a number of staff were completing this additional training.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been managed appropriately. The organisation has identified an Adult Safeguarding Champion (ASC).

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes. Advice was given in relation to completing the associated logs for accidents, incidents and safeguarding incidents, which the manager agreed to act upon. This would enable the manager to identify patterns or trends that may be evident and to clearly record when ongoing incidents had closed.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed in conjunction with service users and their' representatives. The person in charge confirmed that there were no restrictive practices in use.

The person in charge provided examples of ways in which the staff had achieved an appropriate balance between promoting autonomy and maintaining safety. There was also evidence that this approach to care delivery resulted in positive outcomes for the service users in relation to increasing their ability to walk independently and reducing/eliminating the need to use mobility aids. The inspector was also advised that staff could access

bespoke training via the trust health care professionals, in regard to the specific needs of service users. The person in charge recognised the importance of supporting the service users to live in their homes, for as long as they could.

Care records and information related to service users were stored securely and accessible by staff when needed. The staff member spoken with described the importance of storing confidential information in accordance with data protection guidelines.

Areas of good practice

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

Areas for improvement

An area for improvement previously made in relation to record keeping has been stated for the second time. This related specifically in relation to the staffing roster, the alphabetical list of staff and the induction records.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Trust representative.

A number of service users were unable to understand written information in their care record due to their individual needs. Care plans had been developed in an easy read (pictorial) format so that the care plan would be provided in a more meaningful way. However, there was little evidence that these had been signed by the service users or by someone authorised to sign on their behalf. An area for improvement previously made in this regard has been stated for the second time.

The review of the service user agreement also identified that it had not been updated in response to changes made in the service users' care plans. This referred particularly to, but is not limited to, changes in the service users' contribution to the weekly living budget. An area for improvement previously made in this regard has been stated for the second time.

The review of the records also identified that whilst the agency had developed a range of documents in easy read format, improvements were required in relation to the presentation of menus and activities schedules, to promote service user autonomy by ensuring that the service users could read the information provided. The person in charge welcomed this advice and agreed to address this.

Care review records were examined and it was noted that follow up action had been taken in response to identified actions. Service users were involved in the care review process and were supported to complete a form entitled 'What I want to talk about at my review'.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Service user' and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

Quality monitoring reports indicated consultation with a range of service users, relatives, staff and visiting professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery and the agency's engagement with the service users.

Areas for improvement

Two areas for improvement identified at the previous care inspection, relating to the service users signing the care plans and in relation to the service user guide not being up to date, have been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff had completed training on equality and diversity. The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. The review of the care plans identified that due consideration had been given to the service

users' human rights. For example, it was evident that staff had promoted service users' social skills to develop their involvement within the community. This was deemed to be important in preventing discrimination.

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

- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessments
- disability awareness.

The service user guide had been developed in an easy read format. Information included within the service user guide informed service users that the staff would ensure that their human rights would be upheld at all times. The issue of consent and the service users' right to decline care was also outlined in the service user guide and information was also provided in relation to circumstances where best interests decision making meetings may be held on their behalf. Contact details of an Independent Advocate were also available. Advice was given in relation to including additional advocacy support services and the new RQIA telephone number within the service user guide. The person in charge agreed to action this.

Hospital passports were also evident in the care records reviewed. This was deemed to be an important way of ensuring the hospital staff would be aware of any communication barriers, if the service user required to be hospitalised.

The inspector was also advised of assistive devices which had been sourced for service users who had difficulty reading.

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems in place for regularly engaging with service users and where appropriate relevant stakeholders. Service users were regularly consulted with in relation to scheduling daily activities and planning holidays.

The inspector was advised that the agency aims to enhance their staffing levels on Sunday mornings, to ensure that all the service users can attend their preferred religious services. Discussion with staff also identified that they respected the service users' rights to decline to attend, if they so wish. Service users were also supported to attend day centres and educational open days, where they were encouraged to fulfil their ambitions.

Easy read questionnaires had been developed to ensure that service users who had difficulty communicating could be included in the annual quality review process. This is discussed further in section 6.7.

The inspector spoke with three service users who appeared relaxed and comfortable in their interactions with staff. The inspector also spoke to one staff member, four relatives and one visiting professional. Some comments received are detailed below:

Staff

- “It is fabulous, the staff are excellent.”

Service users’ representatives

- “I am very happy with the care and the way (they) are looked after.”
- “I am happy, nothing I want to raise. I nominated them for an award last year and they placed in the top three.”
- “They are all very happy living there.”
- “They are absolutely great, just like a second family, they are so good and so kind.”

Visiting professional

- “They are fine, no concerns really.”

Two staff members provided electronic feedback to RQIA regarding the quality of service provision. Respondents indicated that they felt either ‘very satisfied’ or ‘satisfied’ that the care and support provided was safe, effective and compassionate and that the agency was well led. No written comments were received.

The returned questionnaires from five service users and one relative indicated that that they were ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

- “Happy with the care and staff at Bowens Close.”
- “My (relative) is happy and contented and is very well looked after by the devoted and caring staff.”

Areas of good practice

The agency promotes the involvement of service users, particularly in relation to planning their social activities and in the development of easy read documents. There were other examples of good practice identified throughout the inspection in relation to the provision of individualised and compassionate care. There was also effective engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

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 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 reviewed the management and governance systems in place within the agency to meet the needs of the service users.

The agency is managed by the registered manager, who also has responsibility for another registered supported living service. There is an assistant manager in place, who supports three senior support workers and a team of 14 support workers in the day to day delivery of care. The inspector was advised that the agency's management arrangements were in the process of changing. A new manager had recently been appointed to the service. Advice was given in relation to the process for applying to RQIA for registration. When submitted, the application will be reviewed by RQIA.

The staff member spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The review of records confirmed that all relevant staff were registered with NISCC. Advice was given in relation to further developing the registration checking tool, to ensure that the manager had oversight of fee renewal dates and re-registration dates of all staff who were registered with a professional body. Information was also given to the person in charge in relation to the new Learning Zone, created by NISCC, which aims to provide registrants with a range of learning tools and information guides. The person in charge welcomed this information and agreed to share this with the staff.

There was a system in place to ensure that complaints would be managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. The inspector was advised that no complaints had been received since the last inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. However, given that a number of areas for improvement, previously stated, have been stated again, during this inspection, the inspector was not assured in relation to the effectiveness of the quality monitoring processes. It was also noted that the monthly monitoring reports did not follow up on areas for improvement made at the last care inspection. An area for improvement has been made in this regard.

A new area for improvement has also been made in relation to reviewing the system for new staff to access e-learning training. Refer to section 6.3 for further detail.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user' finances
- medication audits

Processes for engaging with and responding to the comments of service users' representatives were also evident within the agency's annual quality service user surveys and it was good to note that the questionnaire used specifically asked if the service users human rights were being upheld. However, it was identified that the service user satisfaction survey had not been issued to service users. An area for improvement has been made in this regard.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and on the staff intranet and both were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSCT, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSCT' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were governance and management arrangements in place, which focused on maintaining good working relationships. It was evident during the inspection that the agency promotes the service users' human rights; this was evident particularly in relation to the areas of, consent, autonomy, equality, decision making, confidentiality, disability awareness, preventing discrimination, rights to an education and to attend religious services.

Areas for improvement

Areas for improvement related to the quality of the monthly quality monitoring reports, the system for ensuring new staff have access to the e-learning training system and in relation to the inclusion of the service users in the annual satisfaction survey.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Olive Hughes, 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 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	
Area for improvement 1 Ref: Regulation 21(1)(a) Schedule 4 Stated: Second time To be completed by: Immediate from the date of the inspection	<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 relates specifically to the details of each supply of a to a service user, the alphabetical indexes of service users and domiciliary care workers and the agency's staff induction information.</p> <p>Ref: 6.1 and 6.3</p> <p>Response by registered person detailing the actions taken:</p> <p><u>All information and documentation has been updated as required: alphabetical index of staff/contacts details available; duty rota in alphabetical order, clear recording of 'bank shifts' and key for shorthand codes present; New staff inductions completed. Service User information, NOK contact details updated and available in clear format;</u></p>
Area for improvement 2 Ref: Regulation 23 (2) (c) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall submit the monthly quality monitoring report to RQIA on a monthly basis, until further notice.</p> <p>The registered person must ensure that the monthly quality monitoring reports specifically monitor and respond to areas for improvement identified in Quality Improvement Plans.</p> <p>Copies of the monthly quality reports must be submitted to RQIA until further notice.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken:</p> <p><u>On receipt and review of Monthly monitoring report, this will be forwarded to RQIA by Registered Manager until further notice.</u></p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 3.2	<p>The registered manager shall ensure that the person-centred, holistic assessment of need provided to the agency includes:</p> <ul style="list-style-type: none"> a care plan, signed and agreed by the service user.

<p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>Ref: 6.1 and 6.4</p> <p>Response by registered person detailing the actions taken: <u>Support Plans have been signed and agreed by Service User.</u> <u>Service User Agreement has been updated and signed by Service user.</u> <u>System put in place to ensure that appropriate actions are taken/plans are updated following annual review meetings.</u> ———</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the agreement is monitored, reviewed and up-dated as necessary to reflect any changes in the care plan or in the need for service delivery.</p> <p>Ref: 6.1 and 6.4</p> <p>Response by registered person detailing the actions taken: ———<u>Outcomes of Service User Review meetings have been reflected in Support Plans and the Service User has signed and agreed to same.</u> <u>System put in place to ensure that appropriate actions are taken/plans are updated following annual review meetings.</u></p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure that the service users are involved in the annual satisfaction survey.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: ———<u>Annual Satisfaction survey is currently being completed by the Service Users facilitated by Independent Advocacy services- this will be collated and available on completion.</u></p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall review the system for ensuring new staff have timely access training.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: ———<u>New system in place for monitoring and ensuring all new staff have timely access to systems for completion of E learning.</u> <u>Assistant Manager to complete Monthly Training audit.</u></p>



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