



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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## **ANNOUNCED PRIMARY CARE INSPECTION**

|                               |  |
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| <b>Inspection No:</b>         | <b>20972</b>                           |
| <b>Establishment ID No:</b>   | <b>11148</b>                           |
| <b>Name of Establishment:</b> | <b>Lakeview Adult Placement Agency</b> |
| <b>Date of Inspection:</b>    | <b>9 February 2015</b>                 |
| <b>Inspector's Name:</b>      | <b>Joanne Faulkner</b>                 |

## 1.0 General Information

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| <b>Name of Agency:</b>   | Lakeview Adult Placement Agency  |
| <b>Address:</b>  | Lakeview Adult Placement Agency<br>Lakeview Hospital<br>Gransha Park<br>Londonderry<br>BT47 6WJ            |
| <b>Telephone Number:</b>   | 02871864359  |
| <b>E mail Address:</b>   | <a href="mailto:ann-marie.mcmenamin@westerntrust.hscni.net">ann-marie.mcmenamin@westerntrust.hscni.net</a> |
| <b>Registered Organisation / Registered Provider:</b>            | Western HSC trust  |
| <b>Registered Manager:</b>                                       | Ann Marie McMenamin  |
| <b>Person in Charge of the Agency at the Time of Inspection:</b> | Ann Marie McMenamin  |
| <b>Number of Service Users:</b>                                  | 60   |
| <b>Date and Type of Previous Inspection:</b>                     | 23 September 2013<br>Announced Primary Care Inspection   |
| <b>Date and Time of Inspection:</b>                              | 9 February 2015<br>10:00 – 14:30   |
| <b>Name of Inspector:</b>  | Joanne Faulkner  |

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) will undertake an inspection of the Agency a minimum of once in every 12 month period as set out in The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005. The purpose of the inspection is to assess compliance with the Regulations and draft Minimum Standards for Adult Placement Agencies published by The Department of Health, Social Services and Public Safety (DHSSPS).

## 3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of adult placement agencies, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- Adult Placement Agencies Regulations (Northern Ireland) 2007.
- The Department of Health, Social Services and Public Safety's (DHSSPS) **Draft** Adult Placement Agencies Minimum Standards (2008).

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders

- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

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| Service users                            | 1 |
| Staff                                    | 1 |
| Carer Visits                             | 0 |
| Carers interviewed during inspection day | 2 |
| Other Professionals                      | 0 |

Questionnaires were provided, prior to the inspection, to carers to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection. The inspector discussed the low return with the manager.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Carers    | 40            | 5               |

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following quality themes:

The following four quality themes were assessed at this inspection:

- **Theme 1: Management and staffing arrangements**
- **Theme 2: Support arrangements**
- **Theme 3: Making choices**
- **Theme 4: Expressing views**

### Review of Action Plans/Progress to Address Outcomes from the Previous Inspection

No requirements or recommendations were issued following the previous inspection completed on 23 September 2013.

| <b>Guidance - Compliance Statements</b> |  |   |
|---|--|---|
| <b>Compliance Statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>  |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report.   |
| <b>1 - Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report.   |
| <b>2 - Not compliant</b>                | Compliance could not be demonstrated by the date of the inspection.  | In most situations this will result in a requirement or recommendation being made within the inspection report.                           |
| <b>3 - Moving towards compliance</b>    | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.      | In most situations this will result in a requirement or recommendation being made within the inspection report.                           |
| <b>4 - Substantially compliant</b>      | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.                      | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report. |
| <b>5 - Compliant</b>                    | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and being made within the inspection report.             |

## 7.0 Profile of Service

The agency states in their mission statement: “To provide a quality service to adults with a learning disability in a home from home environment”.

The aims of the agency state that the adult placement scheme is a community based shared care project that promotes the rights of the individual users’ to access a home from home adult placement in the community. This is through the provision of permanent placement/host placements in family homes in the community where the individual has the opportunity to share family life in a home from home environment.

There are 60 adult placement/host care service users; some have multiple needs and are profoundly disabled. Most of the AP carers’ have been with the scheme for 25 years and have had placements since the person being supported was young, and was supported in previous programmes of care.

The agency currently has 39 adult placement carers registered.

## 8.0 Summary of Inspection

The announced inspection was undertaken on 9 February 2015. The inspector met with the registered manager, Mrs Ann Marie McMEnamin, during the inspection.

During the inspection the inspector had the opportunity to meet with one service user and spoke to two adult placement carers; their comments have been added to this report.

Prior to the inspection five APA carers forwarded to RQIA completed questionnaires in relation to the quality of service provision.

Feedback in relation to the inspection findings and comments made by APA carers in the questionnaires was provided to the manager during the inspection. It has to be noted the positive comments within the returned questionnaires.

### Service User Comments:

- “I have received the service for 20years”
- “I have no concerns about my placement”
- “If I have any problems I speak to the manager”
- “My carers are great; I feel like part of the family”
- “I feel I am listened too and my opinions respected”
- “I attend meetings with my Social worker; we chat about the placement”
- “I am really happy”

### APA Carers’ Comments:

- “If I need anything I just lift the phone”
- “The staff are more than good”
- “I have cared for the service user for 24 years”
- “I’m happy with the support I receive”

- “I have no complaints”
- “My concerns are taken seriously”
- “Staff ring to check if there are any problems”
- “Anything we request we get”
- “The manager is so easy to talk to”
- “We can contact the agency at any time; we have emergency numbers”
- “I attend review meetings; the agency staff monitor the placements”
- “I feel the views of service users are respected”
- “I feel the remuneration could be better; we provide a valuable service”

**The five questionnaires returned indicated the following:**

- Individual care and support plans meet the service users assessed needs.
- Service users encouraged to take part in their review or any monitoring of the service
- Three carers have received Vulnerable adults and Child Protection
- Three carers have received medication training
- Five carers have received Human rights training
- Carers stated that they are familiar with the complaints procedure
- Four carers have received an annual review

Discussions with carers and records viewed during inspection verify the above statements and identified that training had been provided to all carers.

**APA Carers’ Comments Received on Returned Questionnaires:**

- “I feel satisfied that the service users and myself are fully supported and well provided for”
- “All contact made has been helpful and supportive. Very easy to make contact and all staff are friendly”
- “I have found the support provided by the manager excellent; both on a personal level and professional. She is in constant touch and keeps me fully updated of developments, procedures”
- “All meetings have included carers and the cared for person”

**Other Comments Received by the Agency:**

- “The placement is providing very good standards of care and the family appreciate the placement”
- “Service user is relaxed when attending respite and has built up a good relationship with the carers”
- “Best experience, knowing I have been available to provide emergency care when necessary”
- “Feel staff are very supportive”
- Service user enjoys her two evenings per week and greatly benefits from it. It also provides their mother with a short break from her caring role and relieves carers stress.
- “I like the lovely dinners, watching DVD’s, going for walks and chilling out”
- “The carers are very good to me, I like staying with them, they are kind”
- “sometimes the time goes too quick”

## **Detail of Inspection Process**

The following four themes were assessed during this inspection:

### **Theme1: Referral and matching process:**

The agency has achieved a compliance level of 'compliant' in relation to this theme.

The agency has in place 'Shared lives' information which is provided to all service users.

The agency has a procedure in place for matching the people supported to the APA carers; it considers the individual needs and wishes of the service users.

It was identified from records viewed that prior to placement the service users are provided with opportunity to meet the adult placement carer; the agency maintains a record of all meetings. Records detail issues discussed in relation to likes/dislikes, diet, communication, mobility, personal care, medication and behavioural issues of the service user. Records indicate that service users have been involved in decisions relating to placements.

### **Theme 2: Feeling safe and secure:**

The agency has achieved a compliance level of 'compliant' in relation to this theme.

Service users and carers are provided with a poster detailing emergency contact details; a service user could describe the process for contacting the agency in an emergency.

The agency completes an assessment of all carers prior to them providing a service; and maintains a record of all training. Carers are reapproved annually.

Individual care and support plans include risk assessments and risk management information.

Service users are provided with a guide to human rights in a format appropriate to their needs. A service user stated that their views and choices are respected.

Monitoring arrangements are in place; records of monitoring visits show evidence of risk assessments being reviewed.

### **Theme 3: Supporting communication:**

The agency has achieved a compliance level of 'compliant' in relation to this theme.

The agency provides information to service users in a format suitable to their needs. The inspector examined a number of documents in place that are in a pictorial/easy read format.

Service users have an assessment of their communication needs; it is detailed in their care and support plans.

Service users attend an annual review; one service user could describe the annual review meeting and stated that they are supported to contribute their views.

The agency's monitoring and annual visit records include the views of service users.

#### **Theme 4: Complaints**

The agency has achieved a compliance level of 'compliant' in relation to this theme.

The agency has had no complaints since the previous inspection.

The agency has a complaints procedure; the registered manager is the nominated person identified to review and respond to complaints. The agency provides service users with the procedure in a format that meets their needs.

The manager has a process for recording the outcomes of complaints and how this information and learning outcomes are communicated with staff and carers.

Carers were aware of the agency's complaints procedure and described how they would assist the service users to access the complaints procedure if necessary.

Service users can avail of the WHSCT advocacy service.

#### **Additional Areas Examined:**

##### **Annual Monitoring**

The agency had completed their annual monitoring visit on behalf of the registered provider. The report shows clear evidence of discussion with APA carers, service users and APA staff.

The agency completed their annual quality review of the service by asking service users about the carers and the service the results were positive.

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| <p><b>Theme 1 Referral and matching process:</b></p> <p><b>Service users must be confident that the adult placement service works for them and enables them to choose the best possible adult placement carer:</b></p>  |                                |
| <p><b>Criterion Assessed:</b></p> <ul style="list-style-type: none"> <li>- Wherever possible, the service user should be able to choose the adult placement carer by meeting them and their family prior to reaching their decision.</li> <li>- Service users can visit the placement at least once to help them make a decision about using the service</li> <li>- . Service users can visit the placement at least once to help them make a decision about using the service.</li> <li>- The agency should show how the decision was discussed with the service user</li> <li>- The agency must ensure that where short periods of respite are part of the service, the service users' needs are effectively communicated to the adult placement carer</li> </ul>   | <p><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Provider's Self Assessment:</b></p>   |                                |
| <p>1)The Service User(SU) is provided with written information leaflet( see same) about Scheme and process. SU signs an agreement form (see form) stating they want to consider the Adult Placement Scheme. The SU/family member attends introductory meetings with the potential Adult Placement Carer(APC) and their family; their Key Worker(KW);AP worker; relevant others before deciding this may be the right placement. Introductory meetings recorded-see same</p> <p>2+3)Further introductions with just the SU and the AP carers present are agreed and an agreement form sent to all involved (see agreement form)</p> <p>4)The AP worker does not want to influence the SU choice during the introduction process but they are encouraged to 'have their say' throughout and this is recorded on contact sheet. The SU responses are recorded by their KW who knows them best. The SU and their KW will have discussions and the KW will inform the AP worker of the SU opinions and decision.</p> <p>5)When short periods of respite are agreed, all relevant information about the SU will have been discussed at introductory meetings.In addition to this the AP Carer is provided with the SU Care Plan;SU Profile; SU Risk</p> | <p>Compliant</p>               |

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| <p>Assessment. These are completed by the SU Key Worker. The GP of SU completes Medication Kardex</p>   |                  |
| <p><b>Inspection Findings:</b></p>  |                  |
| <p>The agency has in place 'Shared lives' information which is provided to all service users.</p> <p>Prior to placement the service user and their family have the opportunity to meet the adult placement carer and a number of introductory meetings are facilitated; the agency maintains a record of all meetings.</p> <p>Records in place indicate that service users have visited APA carers prior to making a decision about a placement; it details issues discussed in relation to likes/dislikes, diet, communication, mobility, personal care, medication and behavioural issues.</p> <p>Discussion with the manager, an APA carer and records viewed identified that for short breaks (respite placements); the needs of the service user are communicated to the carer through discussion and provision of detailed risk assessments, medication information and an individualised care plan.</p> <p>The inspector viewed three individual care/support plans in place; it was noted that they indicated that service user had been involved in decisions. One service user stated that they are consulted in relation to their care and support plan.</p> | <p>Compliant</p> |

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| <p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|  | <p>Provider to complete</p>    |

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| <p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|   | <p>Compliant</p>               |

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| <p><b>Theme 2 Feeling safe and secure:</b></p> <p><b>Service users must feel safe and secure, and can choose the risks they want to take when they know what is involved:</b></p>   |                                |
| <p><b>Criterion Assessed:</b></p> <ul style="list-style-type: none"> <li>- Service users have information about what to do if there's is an emergency in the carer's home.</li> <li>- Service users must be assured that they have competent AP carers to support them.</li> <li>- The carer has access to emergency contact out of hours.</li> <li>- Service users must be confident carers will allow them to choose the risks they want to take as long as there is balance between their individual needs and their safety.</li> <li>- Carers must always respect and activity promote service users rights</li> <li>- Assessments are reviewed regularly and not less than once annually</li> <li>- Service users are supported to take calculated risks on the basis of individual assessments completed with them in conjunction with their keyworker.</li> </ul>  | <p><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Provider's Self Assessment:</b></p> <p>1) See emergency poster<br/>                 2)To ensure that competent AP carers are supporting the Service User(SU), the AP Carers will have to complete an assessment process including - Access NI check; Social Services Check; Medical; provide referees who will complete written references and are then interviewed by the AP Worker and complete relevant training. All this information is then presented to an Approval Panel and discussed with a decision made to the suitability of the potential Carer. Carers are also re-approved annually<br/>                 3)AP Carers have copy of 'out of hours' emergency telephone number<br/>                 4+5)The AP Carers are aware of and have a copy of 'Guide to the Human Rights Act' which is also provided for the SU in a format they can identify with. The AP worker and Key Worker(KW) and APC discuss with SU/family chosen risks when highlighted and work together to ensure the SU is kept safe and their needs are met. The SU Risk assessment and Care Plan are updated by KW at such times and distributed to all concerned</p> | <p>Compliant</p>               |

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| <p>6)Both full time and respite AP Carers are assessed for re-approval and presented to the Approval Panel annually</p> <p>7)Calculated risks (CR) will be highlighted, discussed and recorded by the KW on the SU risk assessment; Care Plan; Profile, detailing the support for the SU and action by those involved. Should these CR involve a deprivation of the SU liberty, then the Trust's 'Restrictive Practice' policy is adhered to</p>  |                  |
| <p><b>Inspection Findings:</b></p>  |                  |
| <p>The manager stated that all service users and carers are provided with a poster detailing emergency contact details; a service user could describe the process for contacting the agency in an emergency.</p> <p>The agency completes an assessment of all carers prior to them providing a service; a record of all checks/ training is maintained; this information is considered by the approval panel and a decision made as to the suitability of the carer. The manager stated that carers are reapproved annually.</p> <p>The agency provides each service user with a guide to human rights in a format appropriate to their needs; this was viewed by the inspector. One service user stated that their views and choices are respected and that they are supported and encouraged to take positive risks.</p> <p>Records of monitoring visits show evidence of risk assessments being reviewed; the agency completes monitoring visits twice per year to respite carers and three times annually to fulltime carers. Training records viewed indicated that carers had received training on human rights, challenging behaviours and restrictive practice; the manager stated that should a practice be deemed as restrictive the HSC trust policy is implemented.</p> | <p>Compliant</p> |

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| <p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|  | <p>Provider to complete</p>    |

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| <p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|   | <p>Compliant</p>               |

**Theme 3 Supporting communication: Service users must have help to use services, aids and equipment for communication if they have communication needs:**

**Criterion Assessed:**

- Service users' assessments are comprehensive and communication needs are assessed by relevant persons to ensure service users' can communicate in a way that meets their needs and requirements.
- Service users are supported by the agency to contribute to any individual review or monitoring visit.
- Service users are supported to take part in the monitoring and RQIA inspection process.
- Service users' communication needs are reviewed regularly.
- Service users must be able to communicate in a way that is most suitable to their needs and strengths.
- AP carers can help service users to use specialist communication equipment and individual training when required.

**COMPLIANCE LEVEL**

**Provider's Self Assessment:**

1)SU assessments i.e. SU Profiles, are completed by their KW, who is either a qualified S.W. or CLDN. Any SU requiring an assessment of their communication needs are referred to the Speech Therapy(ST) by their KW - see ST referral form

2)The KW arranges the SU annual review. The SU is invited to attend and encouraged to participate. AP Monitoring visits - at least one of these during the year must be arranged when the SU is present in the AP Carer's(APC) home. At the visit, the SU is asked for their comments and these are recorded and signed. The APW observations at visit are also recorded. For the APC annual review, the SU is provided with a 'Have your say' form to complete. If required, their KW or a family member will assist the SU to complete

3)Monitoring visit's as explained. The SU is made aware of the RQIA inspection by letter and they are invited to contribute to the process - see letter

4)The SU communication needs are discussed at their annual review and the ST may attend or provide a written update. The KW is responsible for gathering all such information for the SU review. The KW and ST are responsible for monitoring SU communication needs but any queries from the SU or their AP carers can also be

Compliant

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| <p>discussed with the AP worker who will pass on such queries to the KW and ST.<br/>                     5)The SU communication needs and strengths are assessed by the ST who provides an individual communication plan and the necessary equipment as assessed.<br/>                     6)When Specialist communication equipment is required for a SU, the ST will provide the training to the APC and SU</p>  |                  |
| <p><b>Inspection Findings:</b></p>   |                  |
| <p>The manager stated that all service users have an assessment of their communication needs and indicated that in a number of instances the speech and language therapist will complete an assessment of needs; the inspector viewed three individual care and support plans and noted that the needs of service users were identified.</p> <p>Service users are encouraged to attend an annual review; one service user could describe the annual review meeting and stated that they are supported to contribute their views.</p> <p>The inspector viewed the agency’s monitoring records it includes the views of service users; the agency uses easy read pictorial formats to enable service users to communicate their needs and opinions. The agency’s annual visit included the views of service users.</p> | <p>Compliant</p> |

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| <p><b>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|  | <p>Provider to complete</p>    |

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| <p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|   | <p>Compliant</p>               |

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| <p><b>Theme 4 Complaints: Service users and those acting on their behalf must be confident that their comments and complaints are listened to and dealt with effectively:</b></p>   |                                |
| <p><b>Criterion Assessed:</b></p> <ul style="list-style-type: none"> <li>- The agency has in place a clear procedure to be followed in handling and responding to complaints.</li> <li>- The agency has a nominated individual who is accountable for reviewing and responding to comments/complaints.</li> <li>- The procedures in place takes account of the service users' abilities, and are available in different formats.</li> <li>- A documented complaints audit trail of the steps taken and the decision reached is kept.</li> <li>- The agency has in place mechanisms that use the information gained to improve the quality of the service and respond to requested changes.</li> <li>- The agency has in place procedures for reporting serious concerns to the local HSC trust and RQIA.</li> <li>- Service users can avail of the services of an independent advocate to assist with concerns/complaints.</li> </ul>   | <p><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Provider's Self Assessment:</b></p>   |                                |
| <p>1)See complaints/comments leaflet and forms from the AP Scheme and the WHSCT<br/>                 2)For the AP Scheme, the nominated persons are the registered manager or the Adult Learning disability Head of Service. If a complaint is not resolved then it will be forwarded to the Trust's complaints department.<br/>                 3)Information in visual format; written format and Makaton sign format - See leaflet<br/>                 4)The AP Scheme record complaints and outcomes on a contact sheet which is placed in file - see contact sheet. Complaints from the SU; APC or relevant others are can also be discussed at the Approval Panel for the APC annual review and decisions reached are recorded and placed in APC file. Regarding the WHSCT complaints department see forms<br/>                 5)To improve the quality of the AP Service, the AP Scheme complete an annual review of the service which states complaints received and the learning from this.<br/>                 6)See leaflets and forms regarding making a complaint as detailed already</p> | <p>Compliant</p>               |

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| <p>7)A free 'Advocacy Service' called Vocal is available to the SU - see leaflet. Also another member of the Learning Disability team, independent of the SU can act as an advocate for the SU</p>   |                  |
| <p><b>Inspection Findings:</b></p>   |                  |
| <p>The agency's complaints procedure was viewed by the inspector; it was identified that it is available in an easy read/ pictorial format. The inspector viewed the WHSCT complaints leaflet. The registered manager is the nominated person identified to review and respond to complaints.</p> <p>Carers were aware of the agency's complaints procedure and described how they would assist the service users to access the complaints procedure if necessary. Complaints information was available in a format suitable to the needs of service users.</p> <p>The registered manager stated that the agency has had no complaints since the last inspection. The manager could describe the process for recording the outcomes of complaints and how this information and learning outcomes are communicated with staff and carers.</p> <p>The manager stated that service users can avail of the WHSCT advocacy service and could describe the process for reporting concerns to the HSC trust and RQIA.</p> | <p>Compliant</p> |

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| <p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|  | <p>Provider to complete</p>    |

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| <p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|   | <p>Compliant</p>               |

## **10.0 Complaints:**

The agency has received no complaints for the period 1 January 2013 to 31 December 2013; this was verified by records available in the agency.

## **11.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ann Marie McMenemy, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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.

Enquiries relating to this report should be addressed to:

**Joanne Faulkner**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The **Regulation and Quality Improvement Authority**

No requirements or recommendations resulted from the announced primary care inspection of Lakeview Adult Placement Agency which was undertaken on 9 February 2015 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

REGULATION AND QUALITY  
18 MAY 2015

SIGNED: \_\_\_\_\_ Elaine Way

NAME: \_\_\_\_\_ ELAINE WAY  
Registered Provider

DATE \_\_\_\_\_ 11<sup>th</sup> May 2015

SIGNED: \_\_\_\_\_ Caroline Joyce HWS

NAME: \_\_\_\_\_ Caroline Joyce HWS  
Registered Manager HWS

DATE \_\_\_\_\_ 27/04/15

| Approved by:       | Date           |
|--------------------|----------------|
| <u>J. Stubbins</u> |                |
| <u>J. Stubbins</u> | <u>20/5/15</u> |