

Announced Care Inspection Report 25 July 2017



WHSCT Learning Disability Supported Living Services

Type of Service: Domiciliary Care Agency

**Address: Lakeview, Gransha Park, 12 Clooney Road, Londonderry,
BT47 6WT**

Tel No: 028 71865136 ext 218126

Inspector: Amanda Jackson

User Consultation officer: Clair McConnell

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

WHSCT Learning Disability Supported Living Service is a domiciliary care agency which provides supported living to 14 service users living in dispersed housing across the Londonderry and Limavady areas. WHSCT Learning Disability Supported Housing formerly comprised of two services known individually as 24 Inchview (Supported Living), and Stableyard Apartments. The service currently comprises of four separate accommodation locations, namely Inchview, St Eithne's, Rosskeen and Stableyard apartments with between two and four service users living at each locality within individual or shared accommodation.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Mrs Elaine Way CBE	Registered Manager: Ms Marie Mullan
Person in charge at the time of inspection: Ms Marie Mullan	Date manager registered: 18 November 2015

4.0 Inspection summary

An announced inspection took place on 25 July 2017 from 09.45 to 17.45 hours.

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

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

Evidence of good practice was found in relation to service quality and care records and was supported through review of records at inspection and during feedback from service users, relatives, staff and professionals on inspection.

Several areas were identified for improvement and development. These included updating the trust adult safeguarding policy and procedure in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). Introduction of NISCC induction framework for new support staff was highlighted for review. Inclusion of relatives, staff and commissioners/trust professionals within the annual quality survey process and sharing of the annual review findings with all key stakeholders was identified as an area for improvement. Assurances were provided by the manager that the required improvements would be implemented post inspection.

Service users and relatives spoken with by the inspector and user consultation officer (UCO), spoke positively of the service provided at the WHSCT Learning Disability Supported Living Service in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and have been detailed within the report.

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	1	3

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 24 May 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 May 2016.

5.0 How we inspect

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

- Previous inspection report and quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

On the day of inspection the User Consultation Officer (UCO) spoke with the four service users who live at Stableyard Apartments to obtain their views of the service. The inspector spoke with two service users living at Inch View.

The service users interviewed have received assistance with the following:

- Support with personal care
- Assistance with meals
- Social support
- Support with medication management.

The UCO also spoke with the team leader, and observed the team leader and one support staff interacting with the service users. The inspector spoke with and observed one support staff interacting with the service users.

On the day of inspection the inspector spoke with two relatives and two professionals, by telephone to obtain their views of the service.

During the inspection the inspector met with four staff (one senior support worker and three support workers). The UCO spoke with one senior support worker.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, appraisal, staff disciplinary, complaints management, safeguarding, whistle blowing and incident reporting
- Three staff members' induction and training records
- Three long term staff members' supervision and appraisal records
- Four long term staff members' training records
- Staff duty rotas
- Staff meeting minutes
- Three long term service users' records regarding review and quality monitoring
- A range of service user home records
- Statement of purpose
- Service user guide
- Service user/tenant meeting minutes
- Three monthly monitoring reports
- Service user annual quality surveys
- Communication records with trust professionals through annual review and electronic communications methods
- Complaints policy and procedure and the WHSCT complaints easy read leaflet
- Staff handbook.

Two areas for improvement were identified at the last care inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 May 2016

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

6.2 Review of areas for improvement from the last care inspection dated 24 May 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011.		Validation of compliance
Area for improvement 1 Ref: Standard 12.1 Stated: First time	<p>Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p>The registered person should ensure that staff providing services to service users whose needs are unfamiliar to them, should have an appropriate induction. This refers particularly, but not exclusively, to staff who are employed by agency, and providing care to service users for the first time.</p>	<p>Partially met</p>
	<p>Action taken as confirmed during the inspection: Review of four staff files supported an induction process outlined over three days. Sign off for induction reflected one day. Shadowing shifts were not reflected within the process whilst mandatory training scheduled was evidenced within the records reviewed. Discussion with four staff members during the inspection day confirmed they had received a comprehensive induction programme but this varied from two days for one staff member and three days for other staff.</p>	
Area for improvement 2 Ref: Minimum Standard 8.3 Stated: First time	<p>The registered manager ensures that all staff are familiar with, and work in line with the agency's policies and procedures (Appendix 1), and any revision thereof.</p> <p>The registered person should ensure that all staff can easily and independently access policies and procedures, to ensure continued familiarity and ability to work in line with the same.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The service has implemented computer access to senior support workers on individual sites across the service with staff accessibility to trust intranet policies. The service is also currently compiling locally accessible policies on a shared area for these staff. Support workers do not currently have access at this level but this is currently under planning for the near future.</p> <p>Staff spoken with during inspection confirmed they could access policies via their management team and are due to have computer access in the near future. Staff also confirmed they are kept informed regarding updates in policies via staff meetings.</p>	
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6.3 Inspection findings

6.4 Is care safe?

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

The inspector and UCO was informed by the service users that there is consistent staffing at the services; a number of staff have worked on the sites for a number of years however evidence of new staff being appropriately inducted into the service has been required for review. Service users meet regularly with staff to discuss possible activities such as going on holiday; staff were knowledgeable as to the level of support required by each service user to ensure their safety.

Service users within Stableyard and Inchview advised that they could speak to staff, their social worker or independent advocate if they had any complaints or concerns. One service user at the Stableyard pointed at the team leader when asked who they would speak with. It was clear from observed interactions that the staff and service users have developed a good relationship with each other and have open communication.

The inspector was advised by service users, relatives and professionals interviewed that there were no concerns regarding the safety of care being provided by the staff at the WHSCT Learning Disability Supported Living Service. New support staff are introduced to the service during induction shadowing; this was felt to be important in terms new staff having a knowledge of the required care and support.

No issues regarding the carers' training were raised with the inspector by the service users, relatives or professionals.

Service users and relatives interviewed confirmed that they could approach the support staff if they had any concerns. Examples of some of the comments made by the service users and relatives are listed below:

- “Staff are very good.”
- “xxx is very independent living there with staff support.”
- “xxx is well settled.”

A range of policies and procedures were reviewed relating to staff recruitment and induction. The inspector found these policies to be up to date and compliant with related regulations and standards. The staff spoken with during inspection confirmed all policies can be accessed on the trust intranet or via senior staff. The training and development trust strategy was reviewed during inspection alongside a learning needs analysis which outlines staff mandatory training requirements for the year ahead.

The manager verified all the pre-employment information and documents would have been obtained as required through the trust recruitment process. Review of three staff recruitment records took place pre-inspection. Review of staff recruitment within the WHSCT HR department confirmed compliance with Regulation 13 and Schedule 3.

The Northern Ireland Social Care Council (NISCC) induction standards workbook had not been incorporated as part of staff member’s induction process. The inspector discussed full implementation of the NISCC induction standards for all future staff given that staff registration with NISCC is now mandatory. An area for improvement has been stated.

Review of four staff files supported an induction process outlined over three days. Sign off for induction reflected one day. Shadowing shifts were not reflected within the process whilst mandatory training scheduled was evidenced within the records reviewed. Discussion with four staff members during the inspection day confirmed they had received a comprehensive induction programme but this varied from two days for one staff member and three days for other staff. Discussions with the manager confirmed all staff members’ are registered with NISCC and a system is in place to review staff renewal of registration. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions and electronic communication.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency has not developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 (‘Adult Safeguarding Prevention and Protection in Partnership’); an area for improvement has been stated. The trust whistleblowing policy and procedure was not accessible during the inspection but was reviewed within other WHSCT services and found to be satisfactory. The manager was advised to ensure all policies are centrally retained for staff access and inspection review.

The staff members spoken with at inspection were knowledgeable regarding their role and responsibilities in regard to safeguarding and were familiar with the new regional guidance and revised terminology with exception to that of the safeguarding champion. Staff were well informed regarding their role and reporting requirements in relation to safeguarding and whistleblowing. The trust training programmes regarding safeguarding are currently being rolled out to all staff.

The inspector was advised that the agency had several safeguarding matters since the previous inspection; discussion with the manager supported appropriate knowledge in addressing matters when they arise. Review and discussion regarding four incidents during inspection and previous communications with RQIA supported good processes in place in reviewing matters. Safeguarding records were not centrally maintained for inspection review, this matter was highlighted for review during inspection and an area for improvement stated.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through the HSC trust training team. Discussion during inspection with the manager and support staff confirmed satisfaction with the quality of training offered and staff spoke of the opportunities available to undertake additional training for their work and personal development.

Records reviewed for three staff members evidenced mandatory training, supervision and appraisal compliant with agency policy timeframes. Full records of staff training in compliance with standard 12.7 were found to be in place. Staff supervision and appraisal were found to be consistently referenced within staff records reviewed. Four staff members spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes.

The manager and senior support worker spoken with at inspection confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes, records had been signed by the service users and keyworker. Service users spoken with during inspection confirmed they are involved in annual reviews with the support staff and trust professionals. Review of service user support plans during inspection also supported a continuous review process at specified timeframes. The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was reviewed during inspection within review meeting minutes.

Service users and relatives spoken with by the inspector, discussions with four staff members and review of agency rotas suggested the agency have appropriate staffing levels in place with use of agency staff as necessary. Profiles for agency staff were detailed for inspection and it was confirmed by the senior support worker that the same staff are used where possible. The senior support worker also discussed the induction process for agency staff but confirmed that this is not formally recorded at present, this was discussed with the manager and an area for improvement made.

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

One staff questionnaire received confirmed that update training, supervision and appraisal had been provided on a regular basis. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal and ongoing review of service users support needs.

Areas for improvement

Three areas for improvement were identified during the inspection and included procedural updates in compliance with safeguarding regional procedures alongside records of safeguarding to be held within the agency office. The third area for improvement relates to the implementation of the NISCC induction standards for all new staff alongside review of induction for agency staff.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

The UCO was advised that the majority of the staff have worked at the Stableyard Apartments for a number of years and it was clear from discussions and observations that the carers have good knowledge of the service users' needs. The other locality houses have long term staff alongside more recently introduced staff with input from agency staff as necessary. Again staff presented good knowledge of the service users' needs.

"It matters to me" meetings take place on a regular basis between service users and staff to discuss activities that service users would like to do and how staff can support the service user. Service users have the option to not have a meeting if they so wish.

Tenant meetings are held regularly so that all service users can raise any matters concerning them or activities that involve all service users living at the various locality areas. The service users are given a choice to attend the meeting and take turns to host the meetings in their apartments at Stableyards.

The team leader and support staff also confirmed that reviews of care plans also take place and service users and family members are given the opportunity to attend if they wish to do so.

The inspector was informed by the two service users, two relatives and two professionals interviewed that there were no concerns regarding the support being provided by the staff at the WHSCT Learning Disability Supported Living Service.

No issues regarding communication between the service users, relatives and staff were raised with the inspector. Reviews were discussed with service users who stated they were involved in reviewing their support needs on an ongoing basis with their keyworker. The manager confirmed service users received a questionnaire however the relatives and other stakeholders had not received a questionnaire from the agency to obtain their views on the service as part of the annual review process. Discussion with the manager confirmed an annual quality review of the service is undertaken and was recently completed for 2016-2017. This report was not available during inspection and was not received post inspection as requested. An area for improvement was discussed regarding relatives, staff and commissioner/trust professional inclusion in the annual quality review process and development of a report from the outcomes.

Examples of some of the comments made by service users and the relatives are listed below:

- “Staff are good with me.”
- “Absolutely amazing.”
- “xxx is very independent living there with staff support.”

Service user referral information was not reviewed during this inspection as all service users have lived at WHSCT Learning Disability Supported Living Service for a number of years. The reviews completed by the agency annually with the trust evidenced that service users views are obtained and where possible incorporated. Review of support plans within the agency supported an ongoing inclusive process involving service users and keyworkers, the reviews had not been signed by the service users and this was discussed with the manager. Discussions with service users confirmed involvement in the review process.

The service user guide was reviewed during inspection in accordance with standard 2.2. Assurances were provided by the manager that the information would be provided to new service users when they come to live at any of the locality sites within the service.

The agency maintains recording sheets in each service users’ home file on which support staff record their visits. The inspector reviewed a range of completed records during inspection and found good standards of recording.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care and support needs on an annual basis with the trust. Service users spoken with confirmed involvement in this process however records reviewed during inspection had not been signed off by all those involved in the review. This matter was discussed with the manager. Ongoing review of the service users support plans within WHSCT Learning Disability Supported Living Service were evidenced during inspection. Discussion with two professionals confirmed ongoing review processes in place. One professional stated, ‘Staff go over and above what is required to ensure the service users individual needs are met.’

Staff members interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users’ needs are identified. The staff members discussed ongoing quality monitoring of service users’ needs to ensure effective service delivery. The staff described aspects of care and support which reflected their understanding of service users’ choice, dignity, and respect.

One staff questionnaire received by RQIA suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Areas of good practice

There were examples of good practice found during the inspection in relation to support provided by staff and communication between service users, support staff and other key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection in respect of the annual quality review process being inclusive of all stakeholders including service users, relatives, staff and trust professionals.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

There were discussions with the inspector and UCO about the service users' experiences of living at the Stableyard Apartments and the type of activities that they do with the support of the staff. One service user showed the UCO photographs of the holidays they have been on with the support of the staff. All of the apartments and houses have been personalised by the service users; one service user has commissioned bespoke furniture to meet their individual needs and was closely involved in the design.

Below are a number of activities that the service users have carried out since living at the services:

- Shopping in Londonderry and Belfast
- Holidays to Dublin and Sligo
- Day outings i.e. Ulster American Folk Park, farms and religious sites
- Cinema
- Bowling
- Birthday parties
- Sporting events such as football or ice hockey matches
- Walks
- Planning meals and food shopping
- Visiting family members
- Concerts
- Gardening
- Church.

During the home visits the inspector and UCO observed interactions between the staff and service users. One service user became upset during the conversation and it was good to note how the staff member was able to offer reassurance to the service user. No concerns were noted during the interactions and permission was sought from the service users prior to entering their homes and looking at their personal belongings.

Examples of some of the comments made by the service users are listed below:

- "Lovely wee girls."
- "Happy here."
- "Have a good home."
- "Staff are good."

Two relatives interviewed by the inspector felt that care was compassionate. The relatives advised that support staff treat the service users with dignity and respect, and care and support provided is of an excellent standard.

Views of service users are sought through an annual review process as detailed under the previous section. Examples of some of the comments made by the service users, relatives and professionals are listed below:

- “Absolutely amazing service.”
- “Staff are great.”
- “xxx is very happy living there and well settled.”
- “Extremely happy.”
- “Everything about Stableyards is excellent.”
- “Service is second to none.”
- “Never had any concerns.”
- “Communication with staff is great.”

The agency consistently implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality reports evidenced positive feedback from service users and their family members alongside trust professionals and staff feedback. The inspector highlighted that feedback from all stakeholders had not been obtained on each report over recent months and discussed how this is required to be reflected. Assurances were provided that all stakeholders would be consistently consulted or where unobtainable this would be reflected in the report. Submission of a further monthly report post inspection confirmed all stakeholder feedback had been sought.

Discussion with the manager during the inspection highlighted recent concerns regarding staff practice in relation to a safeguarding matter. Where issues regarding staff practice are highlighted through complaints or safeguarding, the manager discussed processes used to address any matters arising. Review of one incident/safeguarding matter alongside three other incidents highlighted all records are not centrally maintained at the agency office as previously stated under the above section ‘Is care safe’. An area for improvement has been stated regarding records maintained.

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

One staff questionnaire received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

Areas of good practice

There were examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, relatives and professionals. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

One area for improvement was identified during the inspection and has been reflected in the previous sections regarding incident records maintained at the agency office.

	Regulations	Standards
Total number of areas for improvement	1	0

6.7 Is the service well led?

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

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative raised a concern in relation to the potential future change to staff rota's which may have adverse to their family members wellbeing. The inspector discussed with the relative sharing their concern with the service which the relative agreed to take forward. No other matters were raised regarding the service or management by both relatives spoken with.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, Ms Marie Mullan, the agency provides domiciliary care/supported living to 14 adults living within the WHSCT Learning Disability Supported Living Service .

Review of the statement of purpose and discussion with the manager evidenced that there was a clear organisational structure within the agency. The staff members spoken with during inspection were able to describe their roles and responsibilities and where clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service User Guide were both found to be compliant with the relevant standards and regulations. The agency's complaints information viewed was found to be appropriately detailed, including the contact information of independent advocacy services. The information was available in an easy read format for service users.

The policies and procedures which are maintained in electronic format were reviewed and the contents discussed with the manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently with exception to the safeguarding policy which has been identified for review. Four staff spoken with during inspection confirmed that they had access to the agency's policies and procedures via the trust intranet or within the service electronic shared area. The service has implemented computer access to senior support workers on individual sites across the service with staff accessibility to trust intranet policies. Support workers do not currently have access at this level but this is currently under planning for the near future.

Staff spoken with during inspection confirmed they could access policies via their management team and are due to have computer access in the near future. Staff also confirmed they are kept informed regarding updates in policies via staff meetings.

The complaints log was viewed for 2016-2017 to date, with no complaints arising.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Several incidents and safeguarding matters have occurred since the previous inspection which

required notification to RQIA. Appropriate notifications were made and follow up information appropriately submitted. The inspector discussed how all records were not on site for inspection review and this matter has been stated as an area for improvement under the previous sections.

The inspector reviewed the monthly monitoring reports for February, March and May 2017. The reports evidenced that the acting manager from another WHSCT supported living service is delegated to complete this process. The inspector highlighted that feedback from all stakeholders had not been obtained on each report over recent months and discussed how this is required to be reflected. Assurances were provided that all stakeholders would be consistently consulted or where unobtainable this would be reflected in the report. Submission of a further monthly report post inspection confirmed all stakeholder feedback had been sought.

One senior support staff spoken with during inspection indicated that they felt supported by their manager. The staff member confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. The staff member also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved in the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Discussions with two professionals during inspection supported good communication links with the service with one professional stating, 'Communication with staff is great.'

The inspector was informed by the manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that all staff are registered with NISCC and this was confirmed by the manager. Procedures were also reviewed and discussed to ensure staff renewing registration are kept under review.

One staff questionnaire received indicated the service is well led with staff indicating satisfaction with the agency management systems.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring processes and maintaining good working relationships with all key stakeholders.

Areas for improvement

A number of areas for improvement have been identified during the inspection and have been detailed under the previous three sections to ensure the service is well led in the future.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Marie Mullan, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Agencies.Team@rqia.org.uk for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 15(12)(a)</p> <p>Stated: First time</p> <p>To be completed by: With effect from date of inspection.</p>	<p>The procedure referred to in paragraph (6)(a) shall in particular provide for-</p> <p style="padding-left: 40px;">(a) Written records to be kept of any allegation of abuse, neglect or other harm and of the action taken in response.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A brief note will be entered into the service users personal file, noting corresponding Datix number where relevant and if a referral to safeguarding was required. Thereafter all written records and information regarding allegations of abuse, neglect or other harm are maintained by the safeguarding team within the Western Trust. These sensitive reports are retained separate to the registered office due to the content of such sensitive information and can be sought at any time for inspection purposes, with the outcome of any investigation/s reported and shared with the registered manager.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 12.1</p> <p>Stated: Second time</p> <p>To be completed by: 25 October 2017</p>	<p>Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p>The registered person should ensure that staff providing services to service users whose needs are unfamiliar to them, should have an appropriate induction. This refers particularly, but not exclusively, to staff who are employed by agency, and providing care to service users for the first time.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The supported living service reviewed the processes of induction for all newly appointed staff . An updated induction pack will be made available for any newly appointed staff; this will include:</p> <ol style="list-style-type: none"> 1) Staff Handbook 2) Staff Induction Awareness Handbook 3) Staff orientation /competency sheet. 4) Staff induction on site check list 5) Agency induction leaflet 6) NISCC Induction Workbook <p>All this information will be available for inspection purposes in each staff file inclusive of any agency workers asked to work within the service.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2017</p>	<p>The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <hr/> <p>Response by registered person detailing the actions taken: The Trust works to Regional Guidance from the NIASP, Adults at Risk of Harm and in Need of Protection Guidelines, following approval by Trust Board. These guidelines were contained within updated safeguarding staff training by the social services training team.</p> <p>We can confirm access is available for staff via the service settings Sharepoint Site. A revised Trust policy is under development.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2018</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <hr/> <p>Response by registered person detailing the actions taken: Latest Annual Reports will be readily available going forward from the service settings sharepoint site, accessible via Team Leaders and Managers on request. Hard copy for carers and professional will also be available along with an easy read version for service users. A copy will be forwarded to RQIA.</p>

Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews