

Unannounced Care Inspection Report 31 January 2019



The Beeches Resource Centre

Type of Service: Day Care Service

Address: 9-11 Lurgan Road, Aghalee, Craigavon, BT67 0DD

Tel No: 02892 65 22 70

Inspector: Marie McCann

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Beeches Resource Centre is a Day Care Setting with a maximum of 68 places that provides care and day time activities for people aged over 18 years of age with a learning disability; some service users may have additional needs arising from physical disability, sensory impairment and/or mental health needs. The day centre is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd Responsible Individual(s): Mr James Brian Wilson	Registered Manager: Mrs Joann Lamont Crawford
Person in charge at the time of inspection: Mrs Joann Lamont Crawford	Date manager registered: 30 September 2010
Number of registered places: 68	

4.0 Inspection summary

An unannounced inspection took place on 31 January 2019 from 09.30 to 17.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection determined 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 staff recruitment, induction, training, and risk management. Further areas of good practice were also found in regard to care records, audits and reviews, communication between service users, staff and other key stakeholders. In addition, it was also noted that good practice was evidenced in the culture and ethos of the day care setting, listening to and valuing service users, governance arrangements, quality improvement and maintaining good working relationships.

No areas for improvement were identified.

Service users' comments are included throughout the report.

The findings of this report will provide the establishment 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Joann Crawford, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 24 April 2017

No further actions were required to be taken following the most recent inspection on 24 April 2017.

5.0 How we inspect

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

- The registration details of the day centre.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted that six incidents had been notified to RQIA since the last care inspection on 24 April 2017.
- Unannounced care inspection report from 24 April 2017.

During the inspection the inspector met with the registered manager, the responsible person, two deputy managers, two day care workers, a visiting professional and a relative of a service user. The inspector greeted all services users in the group setting and engaged with four service users individually to obtain their views about this day care setting.

The following records were examined during the inspection:

- Three staff recruitment and induction records.
- Three service users' care records.
- A sample of staff supervision and appraisal information.
- The day centre's complaints records since the last inspection.
- Staff roster information for January 2019.
- Fire safety precautions.
- A sample of minutes of service users' meetings since the last inspection.
- A sample of minutes of staff meetings since the last inspection.
- A sample of the day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports since the last inspection.
- The Statement of Purpose, May 2018.
- Service User Agreement.
- Client Guide (Service User Guide).
- Satisfaction Surveys 2018.
- Annual Report for 2017 - 2018.
- Complaints Policy, May 2018.
- Whistleblowing Policy, May 2018.
- Adult Safeguarding Policy, April 2017.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; seven responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; ten questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the registered manager, service users and their relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the registered 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 April 2017

The most recent inspection of the establishment was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 April 2017

There were no areas for improvement made as a result of the last care inspection.

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 reviewed the day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

The inspector viewed a sample of staff recruitment records. Documentation viewed and discussions with the registered manager evidenced that the organisation's recruitment systems were effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed. The registered manager confirmed that an induction programme was available for newly appointed members of staff and described an induction process which included: shadowing of experienced staff to get to know the service users, review of the day centre's policies and procedures and completion of an induction process consistent with the

Northern Ireland Social Care Council (NISCC). This was verified by a sample of records examined. The registered manager described the importance placed upon ensuring staff and service users becoming familiar with each other during the induction process. In addition, staff were required to be fully aware of each service user's support plans and risk assessments, to ensure that safe and effective care was delivered.

Discussions with the registered manager and staff confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The registered manager was able to describe measures that would be taken to help ensure that appropriate staffing levels would be achieved in order to ensure that the safety and wellbeing of service users is maintained. A review of a sample of rota information showed the planned staffing levels were consistent with the numbers assessed as required to meet the needs of the service users. The inspector recommended that the duty rota should clearly record the designation of staff and who is in charge in the absence of the registered manager. The rota template was amended during the inspection to reflect this information.

Records examined established that competency and capability assessments had been completed for those staff left in charge of the centre in absence of the registered manager, demonstrating the staff were willing to assume this role and had the required skills.

On the day of the inspection, the discussion with staff and observations of them supporting service users did not highlight any areas for improvement regarding their practice.

The inspector viewed the system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. The registered manager identifies and monitors the training needs of the staff team, which provides an overview of levels of compliance, and any outstanding training to be addressed within specific time periods. A review of the staff training matrix and discussion with the registered manager confirmed that arrangements were in place to identify and meet ongoing training updates as part of an ongoing programme of training.

Discussion with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. Staff confirmed training was ongoing and they had training opportunities over and above mandatory requirements; some training available was specific to individual service users. Examples of additional training provided include: makaton awareness, dental hygiene awareness, emotional resilience and dementia awareness.

The day care setting's governance arrangements in place that identify and manage risk were inspected. All incidents and accidents were recorded on an event form completed by the registered manager or deputy managers and subsequently audited by a director of the organisation as part of the monthly quality monitoring visit. A sample of the event forms were inspected and this showed consideration was given to review of immediate actions taken to maintain safety of service users and further actions required to prevent a reoccurrence. Discussions with the registered manager, deputy manager and staff collaborated that there is a transparent learning culture within the setting, in which incidents are reviewed and reflective practice is encouraged to consider any lessons learnt and help identify how to improve the day care experience for service users.

Discussions with staff and the registered manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The registered manager identified how staff help to redirect

and support a service user if their behaviour indicates that they are at risk of self-harm. Discussions confirmed that staff are aware of the need, in such situations, to use the least restrictive measures for each individual and are committed to this approach. The inspection confirmed that staff responses to service users' behaviours remain focused on de-escalation of behaviour or risk and on protecting service users' personal safety. The registered manager agreed to liaise with the community keyworker of a specific service user to ensure that an updated behavioural support assessment/plan is made available to the day care setting.

Discussion with the registered manager established that there had not been any suspected, alleged or actual incidents of abuse since the previous care inspection. The organisation's adult safeguarding policy has incorporated the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and an Adult Safeguarding Champion (ASC) has been identified. The policy also provided guidance on how to raise an adult safeguarding concern. The inspector advised that the evidence base for the policy should also reference the associated Operational Procedures, September 2016. The registered manager and staff further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals and established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

In addition, discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. A review of the organisation's Whistleblowing policy identified that the policy was satisfactory and included recognised external bodies to which concerns can be reported.

A review of the day centre's environment was undertaken. The day centre is spread across a number of the rooms and adjoining buildings that facilitate a wide range of activities. Staff confirmed that there were effective communication arrangements in place to seek support of colleagues in the event requiring urgent support.

The rooms where service users were based were found to be warm, fresh smelling, clean and tidy on the day of inspection. Fire exits and walk ways were clear and free from any obstructions. Discussion with the registered manager confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. The inspector advised that the registered manager review the infection prevention and control measures in place to ensure that all wash hand basins within the centre have wall mounted supplies of liquid soap and disposable hand towels and that the seven step hand hygiene notices are placed in all appropriate locations. The registered manager agreed to address this.

A sample of records examined identified that a number of weekly and monthly safety fire precaution checks are undertaken. It was noted that the last full evacuation drill was undertaken on 7 January 2019. A fire risk assessment was completed on 14 January 2019 with a review date set for January 2020. The registered manager advised that the requirements from the action plan have been addressed and the recommendations are being considered.

Discussion with service users, a visiting professional, service user's relative and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I love it here."
- "I feel safe here."

Relative's comments:

- "I couldn't say a bad word about the place, it's very good."

Staff comments:

- "The training is very good, new staff get a good induction."

Professionals' comments:

- "Staff are always very professional."

Ten service users' and/or relatives questionnaires were returned to RQIA. All responses indicated that they were very satisfied that the care provided was safe. Comments included: "I think the centre is very good and the staff is very kind and helpful."

The staff questionnaire responses received indicated that four staff were very satisfied, one staff member was satisfied and two staff were very unsatisfied that the care provided in the setting was safe. The two respondents who were unsatisfied did not provide any further information or contact details. All staff responses were shared with the registered provider following the inspection and agreement given that staff would be provided with an additional opportunity to raise any concerns.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose.

Elements of three service users' care records were inspected, which included service user agreements. Records provided advice and guidance on the care and support needs of service users, including "things that must happen to support me", communication charts and "living skills." As assessment of activities was also completed which informed service users' activity schedules and evidenced that service users' goals and personal outcomes were recorded and planned.

In addition, a number of relevant risk assessments were completed with evidence of regular review. Information within service user care records was noted to be comprehensive and holistic and the person centred focus of the records is to be commended. There was evidence of service user and/or relative consultation including signed records to confirm such agreement.

Discussion with the registered manager confirmed that the living skills document provides a concise overview of the service users' care and support needs. The inspector was advised that this document is to be retitled as 'summary of care and support needs' and will be agreed and signed by service users and/or their representative, as appropriate.

Discussion with staff on the day of inspection revealed that they felt care provided to service users within the setting was effective. They were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff also confirmed systems were in place to ensure any updates or changes in service users' needs were discussed and shared as necessary by the day care worker.

The inspector evidenced that systems are in place to review each service user's placement within the centre and ensure that it is appropriate to meet their health and social care needs. Records verified that annual reviews were undertaken in consultation with the service user, their representative as appropriate and the Health and Social Care Trust (HSCT) keyworker. It was positive to note the focus which is placed by staff on recognising the achievements of service users, what they had done well and enjoyed, and that consideration was given to how service users can develop new skills and benefit from new opportunities. The inspector met with one service user who was eager to share that her review was planned for the following week and it appeared to be an event that she was looking forward to.

There was evidence that a file audit had been undertaken within those service users' care files examined. Records were observed to be stored safely and securely in line with data protection requirements.

Discussions with the registered manager and staff concluded that effective communication systems were in use by the staff team to ensure that staff receive information relevant to the care and support of service users. Staff spoke positively about the effectiveness of daily meetings (including the use of a staff communication book) which clarify roles and responsibilities for the day and provides any necessary updates regarding service users' needs. In addition, discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs and support plans.

Feedback provided to the inspector by the registered manager and staff and documentation viewed indicated that there are effective collaborative working relationships with relevant stakeholders. A review of a sample of daily records in the three files examined evidenced that collaborative working arrangements were in place with service users' next of kin and the multi-

disciplinary team. Liaisons were noted to be effective and contributed to the safety and wellbeing of service users in the day centre and in the community. The inspector advised that the timing of such contacts occurring should be documented in order to provide a contemporaneous and accurate time line. The registered manager agreed to address this.

Discussion with service users, a visiting professional, service user's relative and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "The activities are really good."
- "It's fun here."

Relative's comments:

- "Xxxx has been coming here for years and is happy coming."

Staff comments:

- "We definitely provide a good service."
- "Could raise any concerns and feel management would listen."

Professionals' comments:

- "Staff are knowledgeable regarding xxxx and communications are relevant and timely."

Ten service users' and/or relatives questionnaires were returned to RQIA. All responses indicated that they were very satisfied that the care provided was effective. Comments included: "I enjoy coming here the three days a week and I enjoy the work I do here." and "I'm happy."

The staff questionnaire responses received indicated that four staff were very satisfied, one staff member was satisfied and two staff were very unsatisfied that the care provided in the setting was effective. The two respondents who were unsatisfied did not provide any further information or contact details. All staff responses were shared with the registered provider following the inspection and agreement given that staff would be provided with an additional opportunity to raise any concerns.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Discussions with the registered manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation.

Observations of staff interactions with service users and discussions with staff during the inspection indicated that care and support was provided in an individualised manner.

Service users were observed freely approaching staff to ask for assistance and for a chat and presented as comfortable in the company of staff. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely. Staff were observed communicating effectively and attentively with service users while demonstrating effective understanding of those service users with limited verbal communication through recognition of non-verbal cues and gestures to which they responded appropriately. Staff demonstrated active listening skills, checking understanding and service users' expectations. Staff were observed assisting and supporting service users in a sensitive manner. It was positive to note that the service had been awarded a Makaton friendly status and that they have a Makaton choir.

The Service User Guide was provided in easy read format and it was noted that the Statement of Purpose could be provided in alternative formats upon request.

The inspector evidenced examples of good communication between staff and service users throughout the inspection. The inspector discussed the Royal College of Speech and Language Therapists Five Good Communication Standards (2013), which is a practical resource that can support service providers with recognising what good communication looks like, whether good communication is happening and which also provides useful resources to promote good communication. The registered manager agreed to review these standards to identify any best practice examples that could be implemented by the day centre. The registered manager evidenced willingness for ongoing quality improvement.

Discussion with the registered manager and staff regarding the activities they were delivering confirmed activities were person centred and tailored to meet the needs of individual service users, as well as promoting their strengths and support goals. Service users had individual activity schedules and feedback was sought each week through a weekly progress evaluation. This was completed in consultation with the service user and sought feedback in regard to what they enjoyed, if they tried anything new and if there was anything they didn't like.

A wide range of activities are available within the day centre relating to work skills, therapeutic activities and health and wellbeing. There was also evidence the staff were proactive in developing the activity programme available to promote new opportunities and new skills. A "client training week" is held each year in which service users try new activities. The "client training week" in 2018 facilitated service users accessing a variety of activities, such as: clay making, creative recycling, money management, office skills, how to use an iPad, guitar lessons, karaoke, mindfulness and how to DJ. The day centre has also developed partnerships with a number of community organisations to increase the opportunities for active lifestyles.

Service users also participated in fundraising activities for charities such as the Dog's trust and Children in Need.

The registered manager and staff described how they encouraged service users to be actively involved in the decisions affecting them and how the day centre is organised. There was evidence of effective participation of service users in the day centre, with a number of committees in place for fundraising and management of the tuck shop. A monthly committee meeting is held with minutes displayed on the committee notice board. The meetings review what has been achieved in the previous month and what is planned or issues to be addressed for the following month. The minutes of the committee meeting in August 2018 evidenced the committee group developing questions to be asked of applicants to be interviewed as part of the recruitment of new staff for the day centre.

Information leaflets were available for service users in the setting with regard to how to make a complaint and the availability of advocacy services. The registered manager was observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector.

Discussion with service users, a visiting professional, service user's relative and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Yes, my opinions are listened to."
- "I am happy here."
- "I always joke with the staff."

Relative's comments:

- "Staff are very friendly."

Staff comments:

- "It is their (service users) day, we are here to facilitate and support them with what they would like to do and achieve."

Professionals' comments:

- "There is a good vibe, as soon as you come into the place."

Ten service users' and/or relatives questionnaires were returned to RQIA. All responses indicated that they were very satisfied that the care provided was compassionate. Comments included: "I like coming to the centre." and "I enjoy the centre all staff are very good to me."

The staff questionnaire responses received indicated that four staff were very satisfied, one staff member was satisfied and two staff were very unsatisfied that the care provided in the setting was compassionate. The two respondents who were unsatisfied did not provide any further information or contact details. All staff responses were shared with the registered provider following the inspection and agreement given that staff would be provided with an additional opportunity to raise any concerns.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The day centre is managed on a day to day basis by the registered manager, two deputy managers and a team of day care workers and assistant day care workers. Ongoing support and guidance from the directors within the organisation can be accessed at any time. There was a clear organisational structure and staff spoken with demonstrated awareness of their roles, responsibility and accountability.

The Statement of Purpose for the day care service was reviewed and updated by the provider in May 2018. The inspector advised that abbreviations used to describe the range of needs the day centre provides support for should be removed. The registered manager agreed to action this and an amended Statement of Purpose was forwarded to RQIA post inspection and was found to be satisfactory. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was also current and displayed. Discussion with the registered manager identified that she had good understanding of her role and responsibilities under the legislation.

A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the registered manager.

Staff gave positive feedback in respect of leadership and good team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. This appears to be achieved through effective communication, staff supervision, staff meetings and the open door approach provided by the registered manager.

The registered manager described effective arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council or the Nursing and Midwifery Council (NMC) as appropriate. The registered manager confirmed that all staff are currently registered with NISCC.

A review of staff meetings since the last inspection evidenced that they were typically held monthly. The meeting held in January 2019 identified a focus on health and safety issues and exploration of new activities for service users. There was evidence that the registered manager and staff team were proactive in maintaining an activities programme that was varied and innovative in consultation with service users. The inspector and registered manager discussed the recent development of the NISCC website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centre. The registered manager advised that they would review this resource and share with the staff team.

The inspector viewed information indicating that the day centre has management and governance systems in place to drive quality improvement: these included arrangements for monitoring, incidents, accidents and complaints.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by a senior manager within the organisation who demonstrated a good understanding of the setting. A sample of reports viewed for September 2018, October 2018 and November 2018 provided evidence that the visits included engagement with service users, staff and professionals; a review on the conduct of the day care setting; development of action points and review of previous action points. The inspector advised that the reports should be amended to reflect if the visits to the day centre are announced or unannounced. The registered manager agreed to address this.

The complaints record was reviewed, which identified that one complaint had been received since the last inspection, which the registered manager confirmed had been resolved to the satisfaction of the complainant. The registered manager and staff were able to confidently describe the procedure in place for recording and managing complaints and the organisation had a comprehensive complaints policy in place.

Staff confirmed they had access to a range of policies and procedures which they used to guide and inform their practice. Staff spoken with also confirmed that the registered manager would advise them of any updates to the relevant policies and procedures.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The registered manager confirmed that this data is used for the purpose of developing person centred support plans and risk assessments.

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

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users, a visiting professional, service user's relative and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "All the staff are really kind, everyone is treated the same."

Relative's comments:

- "No concerns as all."

Staff comments:

- "I really enjoy the job, we have a good team...management are very approachable."

Professionals' comments:

- "I have not had any concerns since I have been involved with the day centre."

Ten service users' and/or relatives questionnaires were returned to RQIA. Seven responses indicated that they were very satisfied and one respondent was satisfied that the service was well led. Comments included: "Staff are kind and helpful if I have any trouble I can go to them."

The staff questionnaire responses received indicated that three staff were very satisfied, two staff were satisfied and two staff were very unsatisfied that the service was well led. One staff commented: "In my years working in the care sector I feel that this service is very well led by management and person centred to each individual client." The two respondents who were unsatisfied did not provide any further information or contact details. All staff responses were shared with the registered provider following the inspection and agreement given that staff would be provided with an additional opportunity to raise any concerns.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, staff supervision and appraisal, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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