

Unannounced Care Inspection Report 05 September 2017



Kesh Domiciliary/Supported Living Service

Type of Service: Domiciliary Care Agency
**Address: 26 Pettigo Road, Letterkeen, Kesh, Fermanagh,
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Tel No: 02868633107
Inspector: Amanda Jackson

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

Kesh domiciliary/supported living service is a domiciliary care agency, supported living service, which provides care and support for six service users with varying levels of learning disabilities. Care and support is provided by 18 staff on a 24 hour basis. Service users receive assistance with personal care needs, financial and social support with the aim of promoting independence and social inclusion.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Acting manager: Mr Kieran McGrenaghan (acting manager)
Responsible Individual: Mr Andrew James Mayhew	
Person in charge at the time of inspection: Mr Kieran McGrenaghan	Date acting manager registered: Mr Kieran McGrenaghan – application not yet submitted

4.0 Inspection summary

An unannounced inspection took place on 05 September 2017 from 09.45 to 15.45 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.

A number of areas were identified for improvement and development. Compliance with Regulation 16(5)(a)(b) has been stated following a serious concerns meeting with the registered person and assistant director on 11 September 2017. Review of the annual quality process together with review of the complaints process and information provided to service users have been identified for improvement in line with the regulations and standards. Continued submission of the monthly quality monitoring reports has been requested in accordance with Regulation 23 (2) (3). Assurances were provided by the registered person, assistant director and acting manager that the required improvements would be implemented post inspection.

Service users, relatives and professionals spoken with by the inspector, spoke positively of the service provided at Kesh domiciliary/supported living service in regards to safe, effective, compassionate and well led care. A number of 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.

The inspector would like to thank the service users, agency staff and Praxis Care Group human resources staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

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

Enforcement action resulted from the findings of this inspection.

A serious concerns meeting was held in RQIA on 11 September 2017 to discuss non-compliance with Regulation 16 (5) (a) (b). It was disappointing to note that the agency had not sustained compliance with this regulation, despite having received a failure to comply notice regarding similar concerns in December 2016. The outcome of the meeting provided assurances that the registered person has taken appropriate action to ensure compliance with the said regulation. An area for improvement has been stated in respect of Regulation 16(5) (a) (b).

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 15 February 2017

No further actions were required to be taken following the most recent inspection on 15 February 2017.

On 10 January 2017 a letter was sent by RQIA to the registered person seeking an update on the management arrangements within the service. A letter received from the registered person dated 10 February 2017 outlined the action plan being implemented by Praxis Care Group under the direction of the registered person in respect of management arrangements within the service.

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
- Record of notifiable events for 2016/2017
- Record of complaints notified to the agency
- Correspondence between RQIA and the registered person in respect of management arrangements within the service.

On the day of inspection the inspector spoke with the three service users to obtain their views of the service.

The inspector also spoke with the acting manager and five support staff, and observed the acting manager and support staff interacting with the service users.

During the inspection the inspector spoke three relatives and two professionals, by telephone to obtain their views of the service. The service users interviewed have received assistance with the following:

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

At the request of the inspector the acting manager was asked to distribute ten questionnaires to staff for return to RQIA. Two questionnaires were returned. The acting manager was also asked to distribute ten questionnaires to service users. Four questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- Two new staff members induction records
- Two long term staff members' supervision and appraisal records
- Two long term staff members' training records
- Staff meeting minutes
- Staff handbook
- Two agency staff profiles and induction records
- Three long term service users' records regarding review, reassessment and quality monitoring
- A range of staff rota's
- Staff NISCC registration processes
- A range of service user home records
- Service user/tenant meeting minutes
- Three monthly monitoring reports

- Communication records with trust professionals through annual reviews.
- Statement of purpose
- Service user guide
- One incident record
- One complaint record.

No areas for improvement were identified at the last care inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 February 2017

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 15 February 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 service users from the care, treatment and support that is intended to help them.

The inspector was advised by three service users, three relatives and two professionals spoken with that there were no concerns regarding the safety of care being provided by the staff at Kesh domiciliary/supported living service.

Policies and procedures relating to staff recruitment and induction were held on site. The acting manager confirmed all policies are accessible on the service website. The acting manager provided evidence of a range of policies on the website during inspection.

The acting manager verified all the pre-employment information and documents would have been obtained as required through the services recruitment process. Review of staff recruitment records within the services human resources department prior to inspection confirmed compliance with Regulation 13 and Schedule 3.

The agency has introduced two support staff to the service over the past year. The service has also introduced several staff from another agency recently due to staff shortages. An introduction/induction process for the new and agency staff was reviewed and covered the main areas for appropriate induction. However, one staff record reviewed did not support a three day induction process in accordance with Regulation 16(5)(a)(b) prior to commencing work with service users. The registered person and assistant director attended a serious concerns meeting on 11 September 2017 as outlined earlier in this report. An area for improvement has been stated in the QIP in respect of Regulation 16(5) (a).

An induction programme was reviewed with the acting manager and discussed with two support staff and one agency staff at inspection. The induction process is recorded and signed off by the individual staff member and senior staff or acting manager completing the induction. The acting manager confirmed with the inspector the Northern Ireland Social Care Council (NISCC) induction standards are embedded within the Praxis induction programme for all staff.

Discussions with the acting manager and other support staff confirmed all staff members' are currently registered or registering with NISCC. A system for checking staff renewal with NISCC has begun but has not been fully embedded by the organisation. The acting manager provided evidence of this process which detailed staff registration status, number and renewal date but did not support a robust system for following up on staff when registration had lapsed. The acting manager provided assurances this would be reviewed post inspection and fully embedded. 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.

Staff spoken with during the inspection where able to describe their registration process and what registration with NISCC entails and requires of staff on an ongoing basis.

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

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

- "I am well supported".
- "The service is good".
- "I have communication with staff every two weeks".
- "Very good service".

The agency's policies and procedures in relation to safeguarding adults and whistleblowing where reviewed. The agency has 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'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection where knowledgeable regarding their roles and responsibilities in regard to safeguarding but were not completely familiar with the new regional guidance and revised terminology which has still to be been rolled out within Praxis training programmes. Update training was discussed with the acting manager at inspection as ongoing.

The inspector was advised that the agency had no safeguarding matters since the previous inspection. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process. The adult safeguarding champion (ASC) was detailed within the current policy and procedure. Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the acting manager discussed processes used to address any matters arising. No matters are currently ongoing.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training records reviewed in staff files for 2016-17 contained each of the required mandatory training subject areas and additional training specific to the service needs. Training is facilitated through the Praxis central training e-learning programme with staff competence for medication completed on site. Review of staff records supported the competency process being completed annually. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered and confirmed annual medication competency assessments. The agency staff member spoken with at inspection confirmed they receive appropriate training with the recruitment agency and do not undertake medication tasks. Review of agency staff profiles during inspection confirmed staff training had been undertaken.

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 reviewed during inspection. Staff supervision and appraisals were found to be consistently referenced within staff records reviewed. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The acting manager 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 all people involved including the service users where appropriate. Discussions with service users, relatives and professionals during inspection supported a process of ongoing review with service user involvement. The acting manager confirmed that trust representatives were contactable when required regarding service user matters, and communication with trust professionals was discussed during inspection with two trust professionals.

Service users, relatives and trust professionals spoken with by the inspector, discussions with staff and review of agency rotas suggested the agency have some ongoing staff recruitment requirements. Current staffing levels are being met by the services own staff and regular agency staff. Current staffing levels appeared appropriate on rota's reviewed at inspection.

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

Two staff questionnaires 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.

Four service user questionnaires supported they were 'very satisfied' with care and support provided within Kesh Domiciliary/Supported Living Service. They felt safe and protected from harm and could speak with staff if they had concerns.

Areas of good practice

There were examples of good practice found during the inspection in relation to ongoing review of service users support needs, involvement of trust professionals and recording within the service. Staff training, supervision and appraisal procedures were also reviewed as satisfactory.

Areas for improvement

One area for improvement was identified during the inspection and relates to Regulation 16(5)(a)(b) regarding staff induction procedures.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The inspector was informed by the three service users, three relatives and two trust professionals spoken with that there were no concerns regarding the support being provided by the staff at Kesh domiciliary/supported living service.

No issues regarding communication between the service users, relatives and staff from Kesh domiciliary/supported living service were raised with the inspector. Reviews were discussed with service users and relatives who stated they were involved in reviewing the support needs on an ongoing basis with their keyworker and trust professionals. The acting manager confirmed service users and relatives receive a questionnaire to obtain their views of the service as part of the annual review of service users support needs. The acting manager confirmed staff and trust professionals feedback is not sought in this way but is captured during service user reviews and during staff supervision and appraisal processes. The inspector discussed standard 8.12 and the need to reflect service feedback on an annual basis in line with the standard. An area for improvement has been requested.

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

- "This is the best placement xxx has ever had".
- "Service user chairs their own review meetings which is great".
- "Very happy with the service".
- "The annual review which took place in July and confirmed good social support and good contact with family".
- "Good communication with staff".

Service user records included reviews completed by the agency annually or more frequently with the trust and 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 support plans had been signed by the

service users where appropriate. Involvement in reviews was confirmed with service users during inspection discussions.

The service user guide was reviewed during inspection and confirmed compliance in accordance with standard 2.2. The service has not introduced any new service users' over the past three years. The acting manager confirmed the guide would be provided to new service users at introduction to the service.

The agency maintains recording sheets in each service users' electronic home file on which support staff record their daily input. The inspector reviewed a range of completed records during inspection and found good standards of recording. The service also completes a monthly review of service users' needs and again these were reviewed during inspection.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior staff or acting manager if any changes to service users' needs are identified. Staff interviewed discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect. Two staff commented, 'Everything is focused around what the service user wants to do'. This was supported during the inspection day when the inspector observed staff discussing and preparing to take a service user out as this had been requested by the service user during the morning.

Two staff questionnaires 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.

Four service user questionnaires supported they were 'very satisfied' with effective care and support provided. They felt involved in care and support planning and reviews.

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.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

Three relatives and two professionals spoken with by the inspector felt that care was compassionate. The relatives and professionals advised that support staff treat the service users with dignity and respect, and care and support provided is of a good 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 and relatives are listed below:

- "Staff are good".
- "Staff are very in tune with the service users' needs".
- "Service users' needs are put first".

The agency consistently implements service user quality review practices on an ongoing basis. Quality monitoring from contacts during monthly quality visits evidenced positive feedback from service users and their family members alongside trust professionals and staff feedback.

Staff 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. Observations made by the inspector during the course of the day would support positive staff interactions with service users.

Two staff questionnaires 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.

Four service user questionnaires supported they were 'very satisfied' with the area of compassionate care and confirmed the care they received meets their needs and expectations.

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, professionals and staff and through those observations made by the inspector on the day of inspection.

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.

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns were raised regarding the service or management by three relatives spoken with.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current acting manager, the agency provides domiciliary care/supported living to six adults.

In January 2017 RQIA communicated with the registered person regarding the ongoing absence of a registered manager within the service. A letter received from the registered person in February 2017 outlined the action plan being implemented by Praxis Care Group under the direction of the registered person in respect of management arrangements within the service.

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, but does not include the contact information of independent advocacy services and this was identified as an area for improvement during inspection.

The policies and procedures which are maintained on the service website were reviewed and the contents discussed with the acting manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within all policies reviewed. Staff spoken with during inspection confirmed that they had access to the agency's policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis.

The complaints log was viewed for 2016-2017 to date, with one complaint arising. Review of this matter supported appropriate actions taken however records did not fully support conclusion of the matter. Discussion with the service user during inspection confirmed the matter had been resolved to their satisfaction and was being kept under review. The inspector reminded the acting manager to ensure complaints resolution is fully recorded; an area for improvement has been state.

Discussion with the acting manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA. One incident in 2016 had arisen and had been appropriately reported to RQIA, records were appropriately retained on site. The inspector also reviewed the service system for alerting ongoing matters/incidents internally to Praxis headquarters.

The inspector reviewed the monthly monitoring reports for June, July and August 2017. The reports evidenced that the assistant director for the service completes this process. Monthly reports have been provided to RQIA over previous months leading up to inspection as this had been requested by RQIA following previous failure to comply notices issued in 2016. Monthly monitoring was found to be improving over the previous months and was reviewed during

inspection to include input from service users, relatives, staff members and professionals. In light of the serious concerns raised during this inspection the inspector has requested continued submission of the monthly reports to RQIA and advised the registered person and assistant director during the serious concerns meeting, the importance of ensuring staff induction has a specific focus for review in future months.

Five support staff spoken with during inspection indicated that they felt supported by their acting manager and within the staff team at Kesh domiciliary/supported living service. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff 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 with the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need. Discussion with two trust professionals during inspection supported an open communication process with staff at Kesh domiciliary/supported living service.

Two staff questionnaires received indicated the service is well led with staff indicating satisfaction with the agency management systems.

Four service user questionnaires supported they were ‘very satisfied’ that the service was well led and confirmed concerns or complaints are listened and responded to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring processes and maintaining good working relationships with all key stakeholders were also evident.

Areas for improvement

Two areas for improvement have been identified during the inspection and relate to independent advocacy information provided to service users within the complaints process and the agency records maintained in respect of complaints resolution.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Kieran McGrenaghan, acting manager, as part of the inspection process. The regulatory area in relation to Regulation 16(5)(a)(b) and staff induction was discussed with the registered person and assistant director during the serious concerns meeting on 11 September 2017. The timescales commence from the date of inspection.

The registered provider/acting 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 16(5)(a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and</p> <p>(b) during that induction training—</p> <p>(i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;</p> <p>(ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker;</p> <p>(iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty;</p> <p>and</p> <p>(iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p>
	<p>Response by registered person detailing the actions taken: Directive forwarded to all registered persons regarding the induction of new staff.</p> <p>If there is no risk involved staff prior to their organisational induction (which includes all elements of mandatory training) can work in the service on a supernumerary basis only under the supervision of a competent person. This is about them receiving scheme level induction ie shadowing getting to know service users documentation, systems etc while they are waiting for their organisational induction</p> <p>No new member of staff should be on the rota before completion of mandatory training and their induction period must be a minimum of at least three days in duration</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 22(8)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection</p>	<p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p>
	<p>Response by registered person detailing the actions taken: As per Praxis Care policy the registered person will</p> <p>Resolve all complaints efficiently and fairly</p> <p>Keep people fully informed of the progress of their complaint</p>

	<p>Acieve an outcome of satisfaction for the complainant</p> <p>Promote best practice regarding the management of complaints. Comply with relevant legislation</p> <p>As such complaints records held on site are now reflective of investigation made, outcome and the actions taken in consequence and toensure satisfactory resolve of the complaint..</p>
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Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 05 March 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: Stakeholder surveys have been forwarded to all relevant parties within the Kesh Supported Living Servives</p> <p>The responses will form part of the annual scheme evaluation.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 15.7</p> <p>Stated: First time</p> <p>To be completed by: 06 December 2017</p>	<p>Service users must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system.</p> <hr/> <p>Response by registered person detailing the actions taken: Communication forwarded to service user statutory representatives requesting information and availibility of independent advocacy services within each service user's trust area.</p>

**Please ensure this document is completed in full and returned via Web Portal.*



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