

Unannounced Care Inspection Report

31 July 2017



576 Carnhill

Type of Service: Domiciliary Care Agency

Address: 572 - 576 Carnhill Estate, Londonderry, BT48 8BZ

Tel No: 02871351878

Inspector: Amanda Jackson

www.rgia.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

576 Carnhill is a supported living type domiciliary care agency operated by the Western Health and Social Care Trust. The agency provides care and support on a 24 hour basis to twelve service users with mental health needs who live in shared accommodation.

3.0 Service details

Organisation/Registered Provider:
Western HSC Trust

Registered Manager:
Mrs Frances Jacqueline McCay

Responsible Individual: Mrs Elaine Way CBE	
Person in charge at the time of inspection: Acting manager	Date manager registered: 30 August 2012

4.0 Inspection summary

An unannounced inspection took place on 31 July 2017 from 09.45 to 16.00 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. 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'). Notification to RQIA regarding safeguarding incidents alongside development of a statement of purpose and service user guide were identified for improvement.

Introduction of the NISCC induction framework for new support staff was highlighted for review together with review of staff supervision, appraisal and training records. Inclusion of staff and commissioners/trust professionals within the annual quality survey process and sharing of the annual review findings with all key stakeholders were identified as areas for improvement. Assurances were provided by the 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 Carnhill 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	6

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 August 2016

No further actions were required to be taken following the most recent inspection on 24 August 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
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

On the day of inspection the inspector spoke with the six service users who live at Carnhill to obtain their views of the service.

The inspector also spoke with the manager and two support staff, and observed the manager and 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. The service users interviewed have received assistance with the following:

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

The following records were examined during the inspection:

- A range of policies and procedures relating to complaints management, safeguarding, whistle blowing and incident reporting
- Three long term staff members' supervision and appraisal records
- Three long term staff members' training records
- Staff meeting minutes
- Two new service user records regarding introduction to the service, referral, assessment and support planning
- Two long term service users' records regarding review, reassessment and quality monitoring
- A range of service user home records
- Service user/tenant meeting minutes
- Three monthly monitoring reports
- Service user and relative annual quality questionnaires and survey outcomes 2016

- Communication records with trust professionals through annual review and electronic communications methods
- Compliments
- Complaints policy and procedure.

No 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 August 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 August 2016

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 was advised by six service users and two relatives interviewed that there were no concerns regarding the safety of care being provided by the staff at Carn Hill. The service has not introduced any recent new support staff to the service.

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

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 relatives are listed below:

- "Their very good with xxx."
- "It really is a good place for xxx."
- "No issues."

Policies and procedures relating to staff recruitment and induction were not held on site as the service has not had new staff to the service for some time. The manager confirmed all policies are accessible on the trust intranet.

The manager verified all the pre-employment information and documents would have been obtained as required through the trust recruitment process. Review of staff recruitment records did not take place as staff are long term. Review of staff recruitment within other WHSCT regulated services confirmed compliance with Regulation 13 and Schedule 3.

An induction programme was discussed with the manager and two support staff regarding staff who transfer from other trust services to Carnhill. This process is not currently recorded and was discussed for consideration for future transferring staff. The manager provided assurances an introduction process would be implemented as necessary. 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.

Discussions with the manager and other support staff confirmed all staff members' are registered with NISCC and a system is in place to review staff renewal of registration. A system for checking staff renewal with NMC is currently in place for senior support staff, the manager discussed the same process being implemented for NISCC registered staff. 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 the registration process and what registration with NISCC initially entails and requires of staff on an ongoing basis.

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 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 totally familiar with the new regional guidance and revised terminology which is currently been rolled out within trust training programmes.

The inspector was advised that the agency had two safeguarding matters since the previous inspection; discussion with the manager supported appropriate knowledge in addressing matters when they arise however all records were not held on site and notification to RQIA had not been made. An area for improvement has been stated. Staff spoken with during inspection also 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 not detailed within the current policy and procedure which has been stated for review.

Staff training records viewed for 2016-17 did not confirm all staff had completed the required mandatory update training programme. An area for improvement had been stated. 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. Staff who are responsible for administration of medications are also assessed during practical sessions on medication

administration within service users' homes. Evidence of this assessment was contained within staff files reviewed during inspection. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered.

Records reviewed for three staff members evidenced mandatory training, supervision and appraisal not compliant with agency policy timeframes. Full records of staff training in compliance with standard 12.7 were not found to be in place; an area for improvement has been stated. Staff supervision and appraisals were not found to be consistently referenced within staff records reviewed, two areas for improvement have been stated. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes.

The manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of two service users' records evidenced ongoing review processes, records had been signed by all people involved including the service users. 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. Discussions with service users during inspection supported a process of ongoing review with service user involvement. The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was discussed during inspection with two daycentre managers.

Service users and relatives 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 agency's own staff, bank staff and staff from other supported living services within the trust locality.

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

No staff questionnaires were received post inspection.

Areas of good practice

There were examples of good practice found during the inspection in relation to introduction processes for new service users and ongoing review of service users support needs.

Areas for improvement

Six areas for improvement were identified during the inspection and included procedural updates in compliance with safeguarding regional procedures alongside appropriate notification of safeguarding matters to RQIA. Implementation of the NISCC induction standards is recommended as an area for improvement for all new staff. Staff training, supervision and appraisal procedures and records have also been recommended as areas for improvement.

	Regulations	Standards
Total number of areas for improvement	1	5

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 six service users and two relatives interviewed that there were no concerns regarding the support being provided by the staff at Carnhill. Two service users did raise the matters of menu choice and a desire to go on holiday and these matters were discussed with the manager during inspection feedback. The manager confirmed the matter of holidays has been an ongoing area for discussion. The manager stated menu choice is continually consulted on and choices are considered based on all service users' preferences.

No issues regarding communication between the service users, relatives and staff from Carnhill 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 alongside relative questionnaires however other stakeholders do not receive 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 which was recently completed in November 2016. An area for improvement was discussed regarding staff and commissioner/trust professional inclusion in the annual quality review process.

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

- "I'm involved in the annual quality survey."
- "I'm invited to attend reviews."
- "If I had a concern I would speak to staff."
- "Staff are good."
- "People are lovely here."
- "More choice around meals would be good and a holiday would be nice."
- "We have joint reviews at the daycentre and communication is good."
- Great communication and regular contact from staff at Carnhill."

Service user records viewed included referral information received from the appropriate referring professionals and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments as necessary. 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 support plans had been signed by the service users and this was confirmed with service users during inspection discussions.

The service user guide was not available for review during inspection to confirm compliance in accordance with standard 2.2. There was no evidence that a guide had been issued to two new service users during their introduction to Carnhill. Discussion with one new service user during inspection confirmed that written information had not been provided in this regard. An area for improvement has been stated.

The agency maintains recording sheets in each service users' home file on which support staff record their visits. The inspector reviewed four 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 and records reviewed during inspection had been signed off by all those involved in the review. Ongoing review of the service users support plans within Carnhill were evidenced during inspection.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior support workers or 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.

Questionnaires are provided for service users and relatives to give feedback on a rolling annual basis. This process and standard 8.12 was discussed with the manager during the inspection in terms of the annual quality review. The inspector also discussed how the annual quality process should be inclusive of all stakeholders (staff and trust professionals) and the report outcomes shared with all stakeholders. An area for improvement has been stated.

No staff questionnaires were received post inspection.

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, agency staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified during the inspection in respect of the annual quality review process being inclusive of all stakeholders including staff and trust professionals. The agency are required to develop a service user guide and issue the document to all new service users in accordance with Regulation 6.

	Regulations	Standards
Total number of areas for improvement	1	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.

Two relatives spoken with 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 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:

- “Excellent service.”
- “Always made to feel welcome when I visit.”
- “I can always talk to staff about any concerns regarding my relative, either face to face or via phone.”
- “Very happy with the level of support and care my relative receives.”
- “The staff make me feel so welcome.”
- “xxx is very happy there.”

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.

Discussion with the manager during the inspection highlighted two safeguarding matters, one which involved a review of previous staff practices. Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the manager discussed processes used to address any matters arising. As stated previously under the above section ‘Is care safe’, all records regarding safeguarding were not centrally maintained and a requirement has been made.

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.

No staff questionnaires were received post inspection.

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, professional’s and during staff discussions.

Areas for improvement

One area for improvement was identified during the inspection regarding review of the safeguarding practices and records maintained by the agency.

	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. No concerns were raised regarding the service or management by two relatives spoken with.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the manager, the agency provides domiciliary care/supported living to 12 adults living in Carnhill.

Review of the statement of purpose did not take place during inspection as the document was unavailable, an area for improvement has been stated. Discussion with the manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service User Guide were both unavailable during inspection and areas of improvement have been stated. The agency's complaints information viewed was found to be appropriately detailed, including the contact information of independent advocacy services.

The policies and procedures which are maintained in paper 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 within those policies which were available for review. The manager confirmed policies are available on the trust intranet. 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 discussed 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 however reporting to RQIA had not taken place in respect of recent matters arising. An area for improvement has been stated.

The inspector reviewed the monthly monitoring reports for February, March and June 2017. The reports evidenced that senior managers from other WHSCT supported living services are delegated to complete this process. Monthly monitoring was found to be in accordance with minimum standards with input from service users, relatives, staff members and commissioners.

Two support staff spoken with during inspection indicated that they felt supported by their senior staff. 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 commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users need.

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 NMC and NISCC and this was confirmed by the manager. Procedures were also reviewed and discussed to ensure staff renewing registration are kept under review.

No staff questionnaires were received post inspection.

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	3	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 the 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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(6)(12)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from the date of inspection.</p>	<p>(6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—</p> <p>(a) specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made;</p> <p>(12) The procedure referred to in paragraph (6)(a) shall in particular provide for—</p> <p>(a) written records to be kept of any allegation of abuse, neglect or other harm and of the action taken in response; and</p> <p>(b) the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person—</p> <p>(i) has reported the matter to the police; or</p> <p>(ii) is informed that the matter has been reported to the police.</p> <p>Response by registered person detailing the actions taken:</p> <p>Staff are aware that when the PSNI are involved in an incident then RQIA must be informed by completing the 1A form detailing the incident and those involved within 24 hours of the police being involved, at the time of inspection an incident had occurred and at that time RQIA had not been notified, this has since been rectified through staff meetings. Staff in Carnhill have been directed to read "Adult Safeguarding: Prevention and Protection in Partnership" (DoH, 2015) and sign when read.</p> <p>All documentation relating to safeguarding incidents are now kept in Carnhill in accordance with Data Protection and Confidentiality policies. A safeguarding file is now kept in a locked cabinet in the main office containing the initial allegation: ASP1, ASP3, ASP4 and ASP10.</p>
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<p>Area for improvement 2</p> <p>Ref: Regulation 6</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>6.—(1) The registered person shall produce a written service user's guide which shall include—</p> <ul style="list-style-type: none"> (a) a summary of the statement of purpose; (b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate; (c) a summary of the complaints procedure established in accordance with regulation 22; and (d) the address and telephone number of the Regulation and Improvement Authority. <p>(2) The registered person shall supply a copy of the service user's guide to the Regulation and Improvement Authority and every service user and, upon request, to the service user's representative.</p> <p>Response by registered person detailing the actions taken: Statement of purpose was not at hand on the day of inspection however it was found in a policy file, unfortunately misplaced. All relevant documentation has been sent to relevant RQIA inspector.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 5</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>5.—(1) The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as "the statement of purpose") which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>(2) The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority and shall make a copy of it available on request for inspection at the agency premises by every service user and the service user's representative.</p> <p>Response by registered person detailing the actions taken: Statement of purpose and residents handbook sent to RQIA inspector. At the time of inspection both were not at hand, all documentation are now kept in a file in the main office for presentation to residents, RQIA or families of residents or their representative.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.1 Stated: First time To be completed by: 31 October 2017	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.
	Response by registered person detailing the actions taken: Presently Carnhill use a three day induction for new staff to the service. At the time of inspection a staff member on duty who transferred from a similar supported housing facility for people with enduring mental ill health was on duty. The member of staff did originally complete an induction when he joined Avoca which is fundamentally the same as Carnhill and the manager at that time did not see the need to undertake the same process. All policy and procedures are exactly the same as is the ethos of the two facilities. At present I am in discussion with my line manager as to this requirement for induction. I do recognise that residents are all individuals and an induction to all the residents did take place all be it informally, this may well need to be rectified and documentation put in place.
Area for improvement 2 Ref: Standard 14.1 Stated: First time To be completed by: 31 October 2017	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.
	Response by registered person detailing the actions taken: Staff are aware of the Safeguarding Policy and procedure, this is to be reinforce through the supervision sessions, training and staff meetings. All staff have been made aware of the Safeguarding Policy (2015) and been asked to read and sign that they have read it. This policy is also part of the induction to new staff members.

<p>Area for improvement 3</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>A record is kept in the agency, for each member of staff, of all training, including induction, and professional development activities undertaken by staff. The record includes:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training event • the date(s) of the training • the name and qualification of the trainer or the training agency; and • content of the training programme. <p>Response by registered person detailing the actions taken: It has been recognised that there is a gap in training at present however this is presently being addressed. as part of the supervision process all staff are asked to present evidence that they have in fact attended all courses they have been registered for through the Trust HRPTS system. At present some staff members have been presenting evidence however all staff are now aware that the manager is required to hold and store all induction, professional development and training records for inspection by RQIA.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Response by registered person detailing the actions taken: Carnhill operates supervision on a three monthly basis. At the time of inspection one member of staff had not received supervision and their records were incomplete. As per Trust policy on supervision all records of completed supervision are kept in a confidential locked drawer in an individual folder, and completed supervision sessions are shown on a supervision chart on the notice board. All staff have been reminded of the importance of supervision and the Trust policy on supervision, the importance of supervision in identifying an individuals' professional development plan and the continuous development and improvement of services to residents . As temporary acting manager I have been reminded of my role in ensuring that all supervisor's and supervisee's comply with existing Trust policy on supervision and appropriate records are kept in accordance with Trust policy.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Response by registered person detailing the actions taken: At the time of inspection one member of staff had not completed their staff appraisal. Carnhill staff avail of annual appraisals in accordance with Trust policy and records are kept in a confidential locked drawer. As acting manager I was unaware that at that time a staff member had not received their annual appraisal, this has since been rectified and staff made aware of the importance of appraisal</p>

<p>Area for improvement 6</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 31 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> <p>Response by registered person detailing the actions taken: Evaluation of services provided are evaluated on an ongoing basis. On a yearly basis anonymous questionnaires are sent to relatives of residents, and other professionals involved in the provision of care for the residents. Carnhill work with residents, their families and other professionals to provide a person centred care package for each resident and as such are involved in residents reviews every three months. Residents are also reviewed on a yearly basis by their psychiatric consultant at Carnhill and all professionals and next of kin also involved in their care are invited to attend.</p>
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