

Unannounced Care Inspection Report 19 June 2017



Cranny Close

Type of Service: Domiciliary Care Agency
Address: 4 Cranny Close, Omagh, BT79 0PB
Tel No: 02882251727
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

Cranny Close is a domiciliary care agency of a supported living type which provides services to 16 service users who require care and support with mental health wellbeing. Service users live in their own homes and have the use of communal indoor and outdoor space. The acting manager leads a team of fifteen support staff who provide personal care services and support to maintain a tenancy.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care (HSC) Trust Responsible Individual: Mrs. Elaine Way CBE	Registered Manager: Mrs Mary Elizabeth Maguire (Acting)
Person in charge at the time of inspection: Mrs Mary Elizabeth Maguire	Date manager registered: 23 March 2017

4.0 Inspection summary

An unannounced inspection took place on 19 June 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, care records and staff training and was supported through review of records at inspection and during feedback from service users, relatives, trust professional feedback and feedback from staff on inspection.

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

Service users and relatives spoken with by the inspector, generally spoke well of the service provided by Cranny Close in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and have been detailed within the report. One family member highlighted matters which required further discussion and review during inspection and again these have been reflected in the body of the report. All matters were discussed during inspection feedback with the manager for ongoing review.

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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Mary Elizabeth Maguire, 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 21 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 June 2016.

5.0 How we inspect

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

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

On the day of inspection the inspector spoke with three relatives, 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.

During the inspection the inspector met with three staff.

The following records were examined during the inspection:

- Recruitment (appointments and selection) policy and procedure
- Induction procedure
- One staff members' induction and training records
- Supervision policy and procedure
- Appraisal policy and procedure
- Three long term staff members' supervision and appraisal records
- Three long term staff members' training records

- Staff duty rotas
- Staff meeting minutes
- Staff disciplinary policy and procedure
- Adult safeguarding policy and procedure
- Whistleblowing policy and procedure
- Support planning pathway guidance document
- Two new service user records regarding referral, assessment and care plan information, service user guide and agreement information
- Three long term service users' records regarding review and quality monitoring
- Statement of purpose
- Service user handbook
- Service user meeting minutes
- Quality assurance policy and procedure
- Data Protection & Confidentiality Policy
- Three monthly monitoring reports
- WHSCT annual quality report 2016
- Service user and relative questionnaires currently being undertaken as part of the 2017 annual quality report for Cranny Close
- Communication records with trust professionals through annual review
- Complaints policy and procedure and the WHSCT complaints leaflet
- Staff handbook.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 21 June 2016

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 21 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards 2011		Validation of compliance
Recommendation 1 Ref: Standard 6.4 Stated: First time	Review and revision of the care plan should take place at times or intervals dictated by changes in the need or circumstances of the service user and/or the request of their carer or representative. As a minimum, formal review should take place once a year.	Met
	Action taken as confirmed during the inspection: Review of three long term service user records supported ongoing review of service users support needs with annual review procedures in place.	

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 two of the three relatives interviewed that there were no concerns regarding the safety of care being provided by the staff at Cranny Close. New support staff are introduced to the service during induction shadowing; this was felt to be important in terms of new staff having a knowledge of the required care and support. One relative raised concerns regarding a range of matters relating to care and support, these matters were discussed with the manager and two trust professionals. Based on these discussions, review of service user records and discussion with the service during the inspection, the inspector was satisfied that matters remain under review and ongoing at this time.

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

Two of the relatives interviewed confirmed that they could approach the support staff if they had any concerns. One relative stated that matters raised with staff were not always appropriately managed, these matters of review remain ongoing at the time of inspection. Examples of some of the comments made by the relatives are listed below:

- "Can't speak highly enough of the staff."

- “Very committed.”
- “Staff are very good.”
- “Staff don’t listen to the matters I raise regarding xxx care and support.”

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

The manager verified all the pre-employment information and documents would have been obtained as required through the trust recruitment process. Review of 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 had been completed with the staff member who transferred to Cranny Close from another trust service. The Northern Ireland Social Care Council (NISCC) induction standards workbook had not been incorporated as part of this staff member’s induction process. The inspector discussed full implementation of the NISCC induction standards for all future staff given that staff registration with NISCC is now mandatory. An area for improvement has been stated.

Review of one staff file supported an induction process outlined to last three days but the process had been signed off on one date. Shadowing shifts were reflected within the process and all mandatory training was clearly evidenced within the record reviewed to confirm compliance with Regulation 16(5) (a). Discussion with one student staff member during the inspection day confirmed they had received a comprehensive induction programme. Long term staff spoken with confirmed the induction process inclusive of training and shadowing. 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 nursing staff, the manager discussed using the same process 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.

One of the three support staff spoken with during inspection is currently working as a management student nurse. The staff member described their induction processes in line with those found within the agency procedures. Long term support staff discussed the process of induction for new staff members. Staff spoken with during the inspection were also able to describe their registration process with NISCC 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 were knowledgeable regarding their roles and responsibilities in regard to safeguarding and were familiar with the new regional guidance and revised terminology which has recently been rolled out within trust training programmes.

The inspector was advised that the agency had one safeguarding matter since the previous inspection; discussion with the manager supported appropriate knowledge in addressing matters when they arise. 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. Review of the one safeguarding matter during inspection supported appropriate procedures had been followed in line with regional procedures. Notification to RQIA had also taken place.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training plan for 2016-17 was viewed and contained each of the required mandatory training subject areas. Training is facilitated through the HSC trust training team. Staff that are responsible for administration of medications are also assessed during practical sessions on medication administration within service users' homes. Evidence of these assessments were contained within both staff files reviewed during inspection. Discussion during inspection with staff confirmed satisfaction with the quality of training offered and staff spoke highly of the opportunities available to them to undertake additional training for their work and personal development.

Records reviewed for three staff members evidenced mandatory training, supervision and appraisal as compliant with agency policy timeframes. 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 three service users' records evidenced annual 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, several of the support plans had been recently reviewed but had not been signed by service users and this was discussed during the inspection feedback. The manager provided assurances this process would be followed up post inspection. 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 reviewed during inspection within review meeting minutes. Discussion with two trust professionals during the inspection process supported good working relationships between the staff at Cranny Close.

Service users and relatives spoken with by the inspector, discussions with staff and review of agency rotas suggested the agency have some current difficulties in meeting appropriate staffing levels in various roles to meet the needs of their service user group. Current staff shortfalls are being met by the agency's own bank staff. One staff questionnaire commented, "Current staff levels are being met with staff doing extra shifts and bank staff. Service user needs have not been affected due to staff diligence and good management". A second questionnaire stated, "Presently we are low on staff. Whilst we always need two staff on site,

the staffing levels can indicate what happens/doesn't happen i.e. outings/trips for the service users".

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

Six 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and induction, training, supervision and appraisal. Adult safeguarding had been appropriately managed and ongoing review of service users care and support was evident.

Areas for improvement

Two areas for improvement were identified during the inspection and included procedural updates in compliance with safeguarding regional procedures. Implementation of the NISCC induction standards for all new staff has also been recommended as an area for improvement.

	Regulations	Standards
Total number of areas for improvement	0	2

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 two of the relatives interviewed that there were no concerns regarding the support being provided by the staff at Cranny Close. One relative advised that they were currently reviewing a range of matters with the service and the trust professionals involved in their relatives care and support. This matter was discussed with the manager and trust professionals during inspection and it was confirmed that continuing review of the matters are currently ongoing. The inspector provided feedback to the relative post inspection in respect of the inspection findings.

No issues regarding communication between the service users, relatives and staff from Cranny Close were raised with the inspector by two relatives. One relative highlighted dissatisfaction with communication and this matter remains ongoing at the time of inspection. Reviews were discussed with service users who stated they were involved in reviewing their support needs on a formal basis with their keyworker. The manager confirmed the relatives had received a questionnaire from the agency to obtain their views on the service as part of the annual review process. A range of returned questionnaires and several emails were reviewed during the inspection in support of positive feedback on service quality. Discussion with the manager confirmed an annual quality review of the service is undertaken in the context of the overall trust wide review alongside the service specific annual review which is currently being undertaken for 2017. The manager confirmed this is the first annual quality review for the service and has

incorporated service users and relatives. An area for improvement was discussed regarding staff and commissioner/trust professional inclusion. An area for improvement has been stated.

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

- “Cranny Close is a little haven.”
- “I would describe it as a haven.”
- “Totally transformed my life.”
- “Well supported.”
- “Hopefully I will move out in the future and give someone else a chance to live and improve at Cranny Close.”
- “There was a good introduction process when I moved in.”

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, a number of recently updated support plans have not been signed by the service users and this was discussed during inspection.

The service user guide/handbook was reviewed during inspection in accordance with standard 2.2. The guide has been issued to service users during their introduction to Cranny Close and was reviewed within one service user record during inspection. The second record did not verify this information being provided. Assurances were provided by the manager that the information had been provided but the sign off process had not been completed.

The agency maintains recording sheets in each service users’ home file on which support staff record their visits. The inspector reviewed three 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 Cranny Close were evidenced during inspection.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers 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 service users, relatives, staff and trust professionals. An area for improvement has been stated.

Six 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.

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

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

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

Two of the relatives interviewed by the inspector felt that care was compassionate. The relatives advised that support staff treat the service users with dignity and respect, and care and support provided is generally of a good standard. One relative raised a range of matters which they would like to see further progress on and these were shared with the manager during inspection as detailed earlier in this report.

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

- “I can’t speak highly enough of the service and staff.”
- “It’s a blessing xxx is there.”
- “They treat xxx with dignity and respect.”
- “Staff are excellent.”
- “Everything is perfect.”

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 no concerns regarding staff practice. Where issues regarding staff practice are highlighted via other processes such as complaints or safeguarding, the manager discussed processes used to address any matters arising.

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.

Six 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.

Compliments reviewed during inspection within the survey responses of the 2016-2017 annual quality process provided the following information in support of compassionate care:

- "I find all staff most helpful."
- "I feel staff always have the best interests of my xxx in every way."
- "You all make me feel welcome."
- "Your care is excellent so how can I offer any suggestions to that."
- "I think xxx is very lucky to have the accommodation in the environment of Cranny Close. It is small and friendly and xxx is never stuck for company if xxx so wishes."

Discussion with two trust professionals during the inspection process also supported a warm and compassionate service within Cranny Close where staff were described as going over and beyond what is required.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection and has been reflected in the previous sections regarding expansion of the annual quality review process to include staff and commissioners/trust professionals.

	Regulations	Standards
Total number of areas for improvement	0	1

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. The third relative has a range of matters currently ongoing with the relevant trust professionals involved.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Acting Manager, Mrs Mary Maguire, the agency provides domiciliary care/supported living to 16 adults living in Cranny Close.

Review of the statement of purpose and 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 requires updating regarding the registered managers qualifications, this was submitted post inspection and confirmed as compliant.

The Statement of Purpose and Service User Guide both require review regarding the registered manager's qualifications to ensure compliance with the relevant standards and regulations, updated documents received post inspection confirmed compliance. 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. 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 which is currently ongoing. Review of process and records relating to this matter appeared satisfactory.

Discussion with the manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One safeguarding matter has occurred since the previous inspection and was appropriately notified to RQIA.

The inspector reviewed the monthly monitoring reports for February to April 2017. The reports evidenced that the manager from another WHSCT supported living service is delegated to complete this process however recent reports had been completed by a trust staff member of a lower grade than the Cranny Close manager and this was discussed during the inspection feedback. The manager confirmed the previous monitoring manager had been off for a period of time but would be undertaking future monthly monitoring. Monthly monitoring was found to be in accordance with minimum standards with good input from service users, relatives, staff members and commissioners.

Three support staff spoken with during inspection indicated that they felt supported by their manager and 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. Discussion with two trust professionals during the inspection supported an inclusive and ongoing communication process to ensure service users' needs are appropriately assessed and met. Both professionals spoke positively regarding the service provided at Cranny Close.

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.

Six staff questionnaires received indicated the service is well led with staff indicating satisfaction with the agency management systems. One staff commented, “Cranny Close is managed by an excellent manager with strong leadership skills”.

One service user questionnaire commented, “Mary the manager is a great wee person to talk too”. A second service user questionnaire stated, “Mary the manager is great”.

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Mary Maguire, acting 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 Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 12.1 Stated: First time To be completed by: 19 September 2017	<p>Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p>Response by registered person detailing the actions taken: The acting manager is restructuring induction documentation to include induction of new workers in supported living facilities, taking in to account NISCC's Induction Standards.</p>
Area for improvement 2 Ref: Standard 14.1 Stated: First time To be completed by: 19 September 2017	<p>The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>Response by registered person detailing the actions taken: This area for improvement has been passed on to the new Head of Department for supported living, in order to address the update of WHSCT policy with regard to Safeguarding Adult Procedures in line with legislation, DHSSPS guidance and regional protocols.</p>
Area for improvement 3 Ref: Standard 8.12 Stated: First time To be completed by: 19 December 2017	<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: The acting manager is in the process of compiling an evaluation process which will include all key stakeholders involved in provision and in receipt of supported living services.</p>

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



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