

# Inspection Report

9 September 2022



## Granville

Type of service: Domiciliary Care Agency  
Address: 9 Granville Park, Dungannon, BT70 1JT  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust (SHSCT)	<b>Registered Manager:</b> Mr Patrick Murtagh
<b>Responsible Individual:</b> Dr Maria O'Kane – registration pending	<b>Date registered:</b> Registration pending
<b>Person in charge at the time of inspection:</b> Mr Patrick Murtagh	
<b>Brief description of the accommodation/how the service operates:</b>  Granville is a domiciliary care agency (supported living type), which provides housing, care and support to 21 service users. The service users live in five bungalows, which are located on the same site as the registered office.	

## 2.0 Inspection summary

An unannounced inspection took place on 9 September 2022 between 8.45 a.m. and 2.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas including but not limited to: staff selection and recruitment; professional registrations; staff induction and training; adult safeguarding arrangements; and the reporting and recording of accidents / incidents.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified during the inspection regarding a lack of robust governance arrangements and managerial oversight in relation to staff training; staff appraisals; and the management of potential risks to patients which could arise from these deficits; in addition, review of governance records also highlighted that monthly quality monitoring reports were ineffective in driving the required improvements.

Given the concerns identified, a meeting with the Responsible Individual (applicant), manager and senior management team was held on 23 September 2022 with the intention to issue two failure to comply (FTC) notices under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, regarding:

- Regulation 11 (1) - Registered person – general requirements and training

- Regulation 16 (2) (a) - Staffing

At this meeting the manager and senior management team discussed the actions they had carried out/would undertake since the inspection to address these shortfalls. An action plan was also provided confirming how these deficits would be managed in a sustained manner. The FTC notices under Regulation 11 (1) and Regulation 16 (2)(a) were not issued as RQIA was sufficiently assured that these areas for improvement would be effectively addressed.

In addition, it was agreed that the Responsible Individual (applicant) would ensure that copies of the monthly quality monitoring reports would be submitted to RQIA on a monthly basis until further notice; and that these reports would include a high level summary of the progress being made in relation to staff compliance with mandatory training requirements.

Three areas for improvement previously stated in relation to staff training are stated for the second time; and an area for improvement relating to safeguarding service users against abuse and neglect has been stated for the third and final time. New areas for improvement were identified in relation to staff appraisals, First Aid training and the Statement of Purpose. One area for improvement relating to service users' finances was not reviewed and is carried forward for review at future inspection.

Granville uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020; the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support service users are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enable them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

#### 4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires evidenced that service users considered the care and support as good. Some of the questionnaires received included the following comments:

- “I like Granville. I like who I work with.”
- “I like my Mum coming to visit and I go home too.”

A number of staff responded to the electronic survey. The respondents indicated that they were generally ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 27 January 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

A finance inspection of the agency was undertaken on 27 April 2022 by a finance inspector who identified one new area for improvement relating to the management of service users' finances; it was agreed with the finance inspector following the inspection on 9 September 2022 that this area for improvement would be followed up at a future inspection.

Areas for improvement from the last inspection on 27 January 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (a)(b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 27 January 2022	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (a) so as to ensure the safety and well-being of service users; (b) so as to safeguard service users against abuse or neglect;	<b>Not met</b>
	RQIA is to be provided with updates on a quarterly basis, as agreed with senior management.	
	<b>Action taken as confirmed during the inspection:</b> Serious concerns were identified in relation to staff training; this is discussed further in Section 5.2.1.  This area for improvement has not been met and is stated for a third and final time.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 January 2022</p>	<p>The registered person shall ensure that all staff undertake training in keeping with the agency's policies and procedures; this relates particularly to, but is not limited to Adult Safeguarding training and training relating to the ethos of supported living.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of records identified significant deficits in relation to staff training.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 January 2022</p>	<p>The registered person shall ensure that competency assessments are undertaken for all staff who are designated responsibility for transcribing medicines; and should ensure that sufficient numbers of competent staff are available at all times, to ensure that there is no delay to new medicines being started.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed that competency assessments had been completed by appropriate staff and that there was a sufficient number of staff available who were deemed competent in relation to transcribing medicines.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (5)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 January 2022</p>	<p>The registered person shall ensure that all staff receive induction, in keeping with the agency's policies and procedures.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed that all new staff had undertaken the induction programme.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (b) &amp; (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 June 2022</p>	<p>The registered person shall ensure that service users' finances and property are administered in a manner that does not result in any loss or disadvantage to the service user.</p> <p>A system should be implemented to ensure service users are not charged utility bills for premises occupied by Trust staff. RQIA should be informed of the arrangements for appropriate restitution to service users.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 April 2022</p>	<p>The registered person shall ensure that all staff undertake training in relation to Deprivation of Liberty Safeguards (DoLS).</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records identified significant deficits in relation to staff having undertaken this training.</p> <p>The area for improvement has not been met and is stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all staff undertake training in relation to Dysphagia.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records identified significant deficits in relation to staff having undertaken this training.</p> <p>The area for improvement has not been met and is stated for a second time.</p>	<p><b>Not met</b></p>



## 5.2 Inspection findings

### 5.2.1 What are the systems in place for identifying and addressing risks?

Serious concerns were noted in relation to ensuring that staff undertake mandatory training in a timely and consistent manner. A review of training records highlighted that mandatory training for a large proportion of staff was either out of date or had not been undertaken by staff at all. This was particularly concerning given that that training deficits related to some staff who were involved in the delivery of care to service users despite lacking essential training commensurate with the service users' assessed needs.

It was disappointing to note that while the senior management team were aware of these deficits, no interim risk management plan was in place to effectively manage the potential risks associated with staff mandatory training being out of date. Given that concerns had previously been identified relating to the safeguarding of service users on two previous occasions, RQIA was concerned that the necessary improvements had not been made to ensure the service users' safety and well-being. These deficits were discussed during the meeting on 23 September 2022. RQIA was advised that an action plan to address the concerns had been developed detailing timescales for the completion of mandatory training. The FTC notice under Regulation 16 (2)(a) was not issued as RQIA was sufficiently assured that these areas for improvement would be effectively addressed. Three areas for improvement previously identified in relation to staff training have been stated for a second time.

There was a system in place to ensure that staff had formal supervision sessions in keeping with the agency's policies and procedures. However, concerns were identified in regard to the lack of staff appraisals, which had not been undertaken since January 2022. This deficit was discussed at the meeting on 23 September 2022; an area for improvement has been identified in the regard.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations.

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.



The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Deficits were identified in relation to staff training in DoLS being out of date. This was discussed at the meeting on 23 September 2022; an area for improvement has been stated for a second time.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care and that the care plans focused on promoting independence. Service users were provided with easy read information which supported them to fully participate in aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Other information presented in easy read format included:

- Hospital passports
- People with learning disabilities growing older
- Professional boundaries
- Changes to Disability Day Services
- Complaints
- Speech and Language Care Plans
- Service User Guide

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Plans for Halloween
- Trips away
- The 'Music Man' coming to Granville
- Menu planning

It is important that service users with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus.

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency.

Review of training records confirmed that the staff had not consistently undertaken training in Dysphagia. An area for improvement previously identified in this regard has been stated for the second time.

Training in First Aid was also not up to date. A new area for improvement has been identified to ensure that the agency's training is in keeping with the agency's policies and procedures.

Review of records identified that the care plans were reflective of the SALT assessments.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the agency.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### 5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

Review of governance records highlighted that monthly quality monitoring reports were ineffective in driving the required improvements. While there was evidence that the staff training records were reviewed at each visit, the corresponding actions outlined in the action plan were not effectively followed up. Furthermore, the monitoring reports reviewed lacked detail in regard to why specific incidents had not been considered for referral to the Adult Protection Gateway Service (APGS).

These matters were discussed at the meeting on 23 September 2022; RQIA was advised that an action plan to address the concerns had been developed detailing the organisational support that was planned to ensure compliance with the regulations. The FTC notice under Regulation 11 (1) was not issued as RQIA was sufficiently assured that these areas for improvement would be effectively addressed. An area for improvement has been stated for a third and final time.

During the meeting on 23 September 2022 it was agreed that the agency would submit copies of the quality monitoring reports to RQIA on a monthly basis until further notice; and that the reports would include a high level summary of the progress being made in relation to staff compliance with mandatory training requirements.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. It was agreed that the manager would submit the revised Statement of Purpose to RQIA within two weeks of the inspection. Given that this was not submitted, an area for improvement has been identified in this regard.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

## 6.0 Quality Improvement Plan (QIP)/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 The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	4*

\* the total number of areas for improvement includes three that have been stated for a second time; and one that has been stated for the third and final time. One area for improvement has been carried forward for review at the next inspection.

The areas for improvement and details of the QIP were discussed with Patrick Murtagh, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (a)(b)  <b>Stated:</b> Third and Final time  <b>To be completed by:</b> Immediate from the date of the inspection	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(a) so as to ensure the safety and well-being of service users;</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>Ref: 5.1 and 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>  Action plan shared with RQIA and discussed at meeting with RQIA on 23<sup>rd</sup> September 2022.</p> <p>A Standard Operating Procedure has been developed and implemented in relation to mandatory training for all staff working across the service. All training is recorded centrally with management oversight to ensure training is up to date. Weekly checks have been introduced by management to monitor the mandatory training position across the service. A monthly audit of the mandatory training is also undertaken to ensure information on the training record is up to date and accurate. Staff are being supported to ensure their mandatory training is up to date and where there are issues with compliance these are being addressed by management through appropriate processes.</p> <p>As of 16.11.2022 all staff have completed Deprivation of Liberty training with the exception of two new starts who will complete this as part of their induction.</p> <p>As of 16.11.2022 all staff have completed Dysphagia training with the exception of two new starts who will complete this as part of their induction.</p> <p>The management team have introduced a new audit tool to follow up on the actions identified by the Monitoring Officer in their monthly monitoring visit. A Standard Operating Procedure and template supports staff to evidence actions identified, steps taken to resolve an action and escalation if the response is outside staff control. Whilst these new processes are in the early stages of implementation it is anticipated that they will support staff with timely follow up.</p> <p>The Monitoring Officer report is being forwarded to RQIA</p>

	<p>inspector by the 5<sup>th</sup> of each month. This will continue until directed otherwise by RQIA. The report was last forwarded to RQIA on 04.11.2022.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (2)(a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all staff undertake training in keeping with the agency's policies and procedures; this relates particularly to, but is not limited to Adult Safeguarding training and training relating to the ethos of supported living.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Since the inspection on 09/09/2022 there has been a focus on the completion of mandatory staff training . Adult Safeguarding, Ethos of Supported Living, Deprivation of Liberty and Safety Intervention training has been completed by most of the staff currently working. Staff who have not yet completed this training are either booked to attend or awaiting the release of further dates by the relevant team.</p> <p>Training compliance is monitored weekly by management, with the Registered Manager completing a monthly audit of training records. The full training matrix is shared with the Monitoring Officer during their monthly visit.</p> <p>A risk assessment and management plan was completed following concerns raised by the RQIA. The management plan was reviewed on 30.09.2022 and 11.10.2022 and with the implementation of agreed actions the risk rating has reduced.</p> <p>Management oversight of mandatory training and staff appraisals has been reviewed and more robust oversight arrangements have been put in place to review training weekly alongside a monthly audit of training.</p> <p>New staff are booked onto training as part of their induction. Staff returning from long-term absence are booked to attend training as part of their re-introduction to the service. A new Standard Operating Procedure has been developed and implemented to provide clear guidance regarding staff training and recording of same.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (b) &amp; (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that service users' finances and property are administered in a manner that does not result in any loss or disadvantage to the service user.</p> <p>A system should be implemented to ensure service users are not charged utility bills for premises occupied by Trust staff.</p>

<b>To be completed by:</b> 17 June 2022	RQIA should be informed of the arrangements for appropriate restitution to service users.  Ref: 5.1
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 16 (2)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  The registered person shall develop and implement a system for ensuring staff receive appraisal in keeping with the agency's policy and procedure.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b>  As of 16.11.2022 a total of 47 staff have completed their annual appraisal with their supervisor. There is a schedule of dates in place for all other staff to have their annual appraisal completed by 30.11.2022. Therefore all staff will have received an appraisal by 30.11.2022.  All appraisals are signed off by the Registered Manager and/or the Head of Service. Going forward appraisal dates will be checked monthly by the Registered Manager as part of the training and supervision audits.
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that all staff undertake training in relation to DoLS.  Ref: 5.1 and 5.2.1  <b>Response by registered person detailing the actions taken:</b>  As of 16.11.2022 all staff have completed Deprivation of Liberty training with the exception of two new starts who will undertake this training as part of their induction.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> Second time	The registered person shall ensure that all staff undertake training in relation to Dysphagia.  Ref: 5.1 and 5.2.1



<b>To be completed by:</b> Immediate from the date of the inspection	<b>Response by registered person detailing the actions taken:</b> As of 16.11.2022 all staff have completed Dysphagia training with the exception of two new starts who will complete this training as part of their induction.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that all staff undertake training in relation to First Aid.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> As of 16.11.2022 54 staff have completed First Aid training and all remaining staff have a date booked to attend.

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time  <b>To be completed by:</b> 1 November 2022	The registered person shall ensure that the Statement of Purpose is updated to include RQIA's correct postal address; and contact details for the Patient Client Council; and the Northern Ireland Public Services Ombudsman.  Ref 5.2.6
	<b>Response by registered person detailing the actions taken:</b>  The Statement of Purpose has been updated to include the correct postal address for RQIA, and the correct contact details for the Patient Client Council and the Northern Ireland Public Services Ombudsman. A revised statement of purpose was shared with RQIA on 16/11/2022.

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



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