

Unannounced Care Inspection Report

14 June 2018



Granville

Type of Service: Domiciliary Care Agency
Address: 9 Granville Park, Dungannon BT70 1JT
Tel No: 02887727137
Inspector: Joanne Faulkner

www.rqia.org.uk

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

Granville is a supported living type domiciliary care agency, situated in a residential area of Dungannon. The Southern Health and Social Care Trust (HSCT), in partnership with Apex Housing Association, provides housing, care and support to the service users.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life. Agency staff are available to support tenants 24 hours per day.

3.0 Service details

Registered organisation/registered person: Southern HSC Trust/Shane Devlin (registration pending)	Registered manager: Olive Hughes
Person in charge of the service at the time of inspection: Deputy manager	Date manager registered: 27 April 2017

4.0 Inspection summary

An unannounced inspection took place on 14 June 2018 from 10.00 to 17.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users and relevant stakeholders;
- Staff induction and training;
- Quality monitoring systems;
- Governance arrangements;
- Provision of care in a person centred manner.

Two areas requiring improvement was identified in relation to Regulation 13 (d) Schedule 3 and the information retained by the agency relating to domiciliary care workers and Regulation 21 (1)(a) Schedule 4 relating to the agency's staff rota information.

Comments made by service users and their representatives have been included within the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with the registered manager and the person in charge 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 13 April 2017

No further actions were required to be taken following the most recent inspection on 13 April 2017.

5.0 How we inspect

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

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- Discussion with the manager and deputy manager
- Examination of records
- Consultation with one service user, a HSCT representative and staff
- Evaluation and feedback

During the inspection the inspector met with one service user, the manager, the deputy manager, the administrator, a HSCT representative and four staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Reports of monthly quality monitoring visits
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy

- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Questionnaires were provided during the inspection for completion by service users and /or relatives; no questionnaires were returned to RQIA. The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; one staff member responded. Responses received indicated that the staff member was satisfied that safe and compassionate care was provided and unsatisfied that the care was effective and that the service was well led. The inspector was unable to speak to the staff member as contact details were not provided.

One comment made on the returned staff survey in relation to management support to staff was discussed with the manager prior to the issuing of the report. The manager stated that the matter would be discussed with staff in the forum of the staff meeting and individually in staff supervision and a record of the outcome retained.

Additional feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 April 2017

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

6.2 Review of areas for improvement from the last care inspection dated 13 April 2017

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's systems to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency's recruitment policy details the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was noted that the agency's staff recruitment process is co-ordinated by the Business Support Organisation (BSO); the inspector viewed information forwarded to the manager prior to a staff member commencing employment confirming that all required checks have been completed. The person in charge provided assurance that staff are not provided for work until confirmation of pre-employment checks has been received.

Discussions with the manager and person in charge identified that the agency does not currently have in place a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13 (d) Schedule 3. An area for improvement was identified.

The agency's induction policy details the induction programme provided to staff; it was noted that it was in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to complete initial induction during the first three days of employment and in addition to shadow other staff employed by the agency. It was noted that staff are required to complete corporate induction and complete an induction workbook. The expectation is that the agency's full induction programme is completed within the initial six months of employment. Staff could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency during their induction programme.

Records of staff induction retained by the agency were viewed. Discussions with staff indicated that they had the knowledge and skills to fulfil the requirements of their job roles.

The person in charge stated that due to the complex needs of the service users, staff provided at short notice are required to be familiar with the service users and have had a full induction. It was identified that a number of the agency's staff provide additional cover if required to encourage continuity of the service.

Discussions with the person in charge and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users.

The inspector viewed the agency's staff rota information which is noted to be retained in a paper format. It was identified that on a number of occasions entries were not made in ink and that it was not clear to identify the details of the staff member provided. In addition it was noted that the abbreviation list provided was required to be further developed to include details of all abbreviations used. The inspector discussed with the person in charge the need to review the process to ensure that a record is retained which clearly details each supply of a domiciliary care worker to a service

user and that the principles of good record keeping are maintained. An area for improvement was identified.

Staff rota information viewed was noted to reflect staffing levels as described by person in charge and staff. Staffing arrangements are reviewed by the person completing the monthly quality monitoring visit.

The agency retains details of staff registration status and expiry dates with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) as appropriate. The person in charge stated that the registration status of staff is monitored monthly both by them and the organisation's Human Resources (HR) department. Copies of individual staff registration certificates are retained by the agency.

Discussions with the person in charge provided assurances that staff will not be supplied for work if they are not appropriately registered. Records viewed by the inspector indicated that staff were registered appropriately

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. It was identified that staff receive a minimum of four supervision meetings per year and annual appraisal; a record of supervision and appraisal are maintained. The person in charge stated that records are now retained electronically. Individual records of four staff viewed, indicated that they had received supervision and appraisal in accordance with the agency's policies. It was identified that staff participate in developing individual training and development plans on an annual basis.

The agency has a system for recording staff training; the person in charge and staff could describe the process for identifying training needs and for ensuring that training updates are completed. It was identified that one staff member for each of the areas is responsible for ensuring that the training information held is accurate and reflective of the training staff have received. Staff were required to complete required mandatory training in a number of areas and a range of training specific to the individual needs of service users.

The inspector viewed that the agency's staff training information; it indicated that staff had completed relevant mandatory training. Staff indicated that their training was good and that they felt it had equipped them with the knowledge and skills required for their roles.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC); staff could describe the process for contacting the ASC if required.

Discussions with staff demonstrated that they had a good understanding of the process for reporting adult safeguarding concerns. It was identified that staff are required to complete safeguarding training during their induction programme and in addition two yearly updates thereafter. Training records viewed by the inspector indicated that majority of staff had received training in relation to safeguarding vulnerable adults. Training updates required by two staff were noted to have been booked.

Service users had been provided with information in relation to adult protection. The service user who spoke to the inspector could describe what to do if they had concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. Discussions with the person in charge and records viewed evidenced that the agency has a process for recording and retaining details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that referrals made by the agency had been managed in accordance with their policy and procedures.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Staff have received training in record keeping, risk assessment and care planning.

Service users are supported to participate in an annual review involving their HSCT community keyworker and care plans are reviewed on an annual basis or as required.

The inspector viewed a range of risk assessments in place relating to individual service users. The agency has risk assessments in place for practices deemed to be restrictive; these were noted to be reviewed regularly.

The agency's office accommodation is located in a separate building to the homes of the service users and accessed from a secure entrance. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that records were stored securely and that PC's were password protected.

Comments received during inspection process.

Service users' comments

- 'I love it here.'
- 'Staff are good.'

Staff comments

- 'I got induction; I get supervision and appraisal.'
- 'I can request additional training if I need it.'
- 'I think there is too much training at times.'
- 'Good to get your training refreshed.'
- 'I feel service users are safe.'
- 'I am happy; I have no concerns.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and adult protection.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to information retained for domiciliary care workers and the agency's staff rota information.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. The person in charge indicated that the policies are in the process of being updated in accordance with General Data Protection Regulation (GDPR) legislation. It was identified that staff had receives training relating to record keeping. Staff and service users' records viewed were noted to be retained securely and in an organised manner. The inspector discussed with the person in charge the need to review the arrangement for recording staff rota information; an area for improvement was identified as detailed in 6.4.

Staff could describe the range of methods used for supporting service users to be effectively engaged in their individual care planning and review processes. The inspector viewed a range of service user care records; it was noted that staff record daily the care and support provided and that a monthly report is developed.

The agency has systems in place for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. The organisation has a system for the completion of monthly quality monitoring visits by the quality monitoring officer and a monthly report is developed.

The inspector viewed the agency's reports relating to the monthly quality monitoring visits completed by the organization's quality monitoring officer. Records viewed indicated that the process is effective in identifying areas for improvement and that an action plan is developed. The reports were noted to be comprehensive and include comments made by service users, their relatives, HSCT representatives and the agency's staff. They included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals; staffing arrangements, care records, medication, financial management arrangements and practices deemed to be restrictive.

Comments recorded on quality monitoring reports

HSCT representatives' comments

- 'Staff always interested in residents' welfare.'
- 'Staff are helpful and quick to get in contact with me regarding issues with clients. Clients are well cared for.'
- 'I am the care manager for four tenants; I continue to be happy with the care provided. Families make positive comments. Information is communicated in a timely manner.'

Relatives' comments

- 'I think it is very good, clean and tidy; ***** is happy.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Discussions with one service user, staff and a HSCT representative, and observations of staff interaction with service users during the inspection indicated that staff communicate effectively and appropriately with service users.

The agency's Service User Handbook includes details of advocacy services that service users can access if required. It was noted that the services of independent advocates had been accessed in relation to practices deemed to be restrictive and Best Interest decision meetings.

The person in charge and staff could describe a range of methods used to develop and maintain effective working relationships with community HSCT representatives and relatives. The HSCT representative who spoke to the inspector provided positive feedback in relation to the effectiveness of the working relationship with the agency staff.

Comments received during inspection process.

Service users' comments

- 'I go out with staff; I have money in my pocket.'
- 'If I am not happy I tell *****.'

Staff comments

- 'I think this arrangement is better for the service users.'
- 'We enable the guys to do more.'
- 'We support service users to be included in the community.'
- 'Choice can at times be limited due to their needs.'

It was identified that the aim of the service is to encourage service users to be as independent as possible and that appropriate support is provided to meet the individual assessed needs of each service user. Service users' have an allocated key worker whom they meet with regularly to review their care and support plan.

It was noted that tenant meetings take place weekly in the individual homes of service users; this provide the opportunity for service users to discuss any concerns and possible group activities. Minutes of meetings are provided in an easy read format; those viewed include details of choices/decisions made by service users.

Staff meetings are facilitated monthly; staff are required to attend a minimum of four meetings per year and sign the minutes of all meetings to indicate that they are aware of the matters discussed. Minutes of meetings viewed indicated that areas discussed had included Human Rights, complaints and communication.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and communication and engagement with service users and other relevant key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspection assessed the agency's ability to treat service users with dignity, respect equality and compassion and to effectively engage service users in decisions relating to the care and support they receive.

Staff received training in relation to equality and confidentiality during their induction programme. Discussions with staff, a service user, and a HSCT representative and records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect and choice were embedded in the ethos of the organisation.

It was positive to note that the agency has provided information to service users relating to human rights, advocacy and personal safety in an alternative format.

Service user care records viewed by the inspector contained information in relation to the individual needs, choices and preferences of the service users and details of any practices deemed to be restrictive.

Staff could describe the processes used to ensure that they provide the care and support in a person centred manner; they discussed a range of methods used for effectively support service users in making informed choices. The service user spoken to described how staff support them to be involved in discussions relating to their care and daily routines; they stated that staff listen to them.

It was identified that a range of information is provided by the agency in an alternative format; the inspector viewed a number of these documents during the inspection. Staff could describe how these documents are used to support service users to be effectively engaged in decisions about their care.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of individual service users in a safe and effective manner.

The agency's Statement of Purpose and Service User Handbook contains information relating to equality. Staff described the ways in which training and development equips them with knowledge and skills to engage with a diverse range of service users.

Discussions with the service users, staff and the person in charge highlighted evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user choice
- Adult Protection
- Advocacy
- Equity of care and support

- Provision of care in a person centred manner
- Individualised risk assessment.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process; quality monitoring visits; annual service user and relative survey; keyworker meetings, care review meetings and service user meetings.

Documentation viewed and discussions with staff and an HSCT representative indicated that the agency has systems in place to record comments made by service users and where appropriate their representatives. Records of service user meetings, care review meetings, keyworker meetings and reports of quality monitoring visits indicated processes in place for regular engagement with service users and where appropriate relevant stakeholders.

The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Observations made and discussions with staff, a HSCT representative and a service user during the inspection indicated that service users are encouraged to make choices regarding their daily routines and activities. One service user spoken to, stated that they could speak to staff at any time.

Service users' comments

- 'I watch the football.'
- 'I am going to make Angel Delight today.'
- 'Staff help me.'

Staff comments

- 'I feel service users are well cared for.'
- 'We go out shopping with service users; we support them to go for walks and attend church.'
- 'We mainly support service users on a one to one basis.'
- 'I feel service users have more choice living here; it is more individualised, they have more privacy.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective engagement with service users and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The management and governance systems in place within the agency to meet the needs of service user were reviewed. The agency is managed on a day to day basis by the deputy manager under the direction of the registered manager. Staff could describe the procedure for obtaining support and guidance at all times.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in an electronic format. Staff can access policies and procedures electronically. Policies viewed were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Documentation viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, referrals made in relation to adult safeguarding and incidents notifiable to RQIA. There was evidence of ongoing collaborative working relationships with relevant stakeholders, including a range of HSCT community representatives.

The agency's complaints policy outlines the process for effectively managing complaints. Discussions with staff demonstrated that they had a clear understanding of the agency's policy and procedures and the actions required to be taken in the event of a complaint being received. Staff receive complaints awareness training during their induction programme. One service user spoken to knew how to raise concerns and could describe the process for accessing help from staff at any time. The agency has a proforma for recording complaints received and actions taken. Records viewed and discussions with the person in charge indicated that the agency had received no complaints since the previous inspection. The person in charge stated that complaints are audited on a monthly basis as part of the agency's quality monitoring process.

The agency has a system for recording compliments; the inspector viewed a number of compliments that had been received.

Compliments received by the agency

- 'We will never forget your kindness to *****; he was always clean and tidy and well dressed. We felt content knowing that he was in safe, caring hands.'
- '***** was happy and content here.'
- 'My son is having a good quality of life since he moved to House *; the staff are most kind to him and the atmosphere is homely.'
- 'Very impressed with how tenants are getting on. I was impressed by how staff was in the background doing her duties and providing discrete observation.'

Records viewed and discussions with the person in charge indicated that the agency has in place management and governance systems to monitor and encourage improvement of the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and

complaints and obtaining views of service users and relevant stakeholders. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The agency maintains a record of all accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. The inspector noted that incidents are reviewed monthly as part of the agency's quality monitoring process.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose; it details lines of accountability. Discussions with staff indicated that they had a good understanding of the responsibilities of their job roles. Staff who met with the inspector stated that the manager and senior staff are approachable and could describe the procedure for obtaining support and guidance at any time.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

It was identified that the agency's Statement of Purpose and Service User Guide had been reviewed and updated.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulation and Minimum Standards.

Comments received during inspection.

Staff comments

- 'I feel supported.'
- 'I can report any concerns to the deputy manager.'
- 'Staff support each other; we get to know each other.'

HSCT representative's comments

- 'I have no concerns; staff are very caring and on the ball.'
- 'Staff are respectful in the way they speak to clients; staff are good at reporting concerns to me.'
- 'Communication is good.'
- 'Staff are very aware of the risks for service users.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the provision of policies and procedures, the quality monitoring process and the management of complaints and incidents. It was positive to note that a number of compliments had been received in relation to the care and support provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 the person in charge, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13(d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by an agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: For all new staff the manager will have a confirmation email from BSO that will clearly state that the following are satisfactory ie Access NI checks, references and occupational health assessment . A letter will be attached signed by the registered manager that the staff member has been deemed fit for all purposes of the work which he/she is to perform</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21(1)(a) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner</p> <p>This relates specifically to the details of each supply of a domiciliary care worker to a service user.</p> <p>Ref: e.g. 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager has put in place that the duty rotas are now completed electronically and printed out to provide a paper copy whilst still retaining the electronic copy. Any changes to the rota are emailed to management and rotas amended accordingly. An abbreviation list is incorporated on the electronic copy.</p>

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



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