

# Unannounced Care Inspection Report 26 July 2019



## Triangle Housing Association

Type of Service: Domiciliary Care Agency  
Address: 4 Baronscourt Close, Carryduff, Belfast, BT8 8RE  
Tel No: 02890813628  
Inspector: Joanne Faulkner

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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

Triangle Housing Association, 12208 is a domiciliary care agency supported living type located in Belfast. The agency's office is located within the home of a number of service users. The staff provide care and support to service users living in shared accommodation situated close to the office. Staff are available 24 hours per day to assist the service users with personal care, meal preparation, medication, housing support and accessing the local community with the overall aim of promoting independence and enhancing their quality of life.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association  <b>Responsible Individual:</b> Mr Christopher Harold Alexander	<b>Registered Manager:</b> Ms Amanda Jayne Crawford
<b>Person in charge at the time of inspection:</b> Service manager	<b>Date manager registered:</b> 23 January 2014

### 4.0 Inspection summary

An unannounced inspection took place on 26 July 2019 from 9.30 to 14.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 the last care inspection and determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

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. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human 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. Service users should experience the choices and freedoms associated with any person living in their own home.

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

There were a number of areas of good practice identified throughout the inspection in relation to the agency's processes for staff induction, performance review, training and adult safeguarding processes and risk management. There is a range of effective governance and management systems in place. Care records were comprehensive, individualised and well maintained. There was evidence of effective communication with service users, relatives and relevant stakeholders and other staff employed by the agency. There was evidence that care and support was provided in a person centred manner. The culture and ethos of the organisation promoted treating service users with dignity and respect with an emphasis on their safety and maximising their privacy, choice and independence.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, dignity, confidentiality and effective service user engagement.

No areas for improvement were identified during this inspection.

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

The inspector would like to thank the service manager, the service users and staff for their support and full co-operation throughout the inspection process.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

No areas for improvement were identified during the inspection.

Enforcement action did not result from the findings of this inspection.

#### 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 and QIP
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the service manager
- examination of records
- consultation with service users and staff,
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the service manager 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; no responses were received prior to the issuing of this report.

Ten questionnaires were provided for distribution to the service users and/or their representatives; no responses were received prior to the issuing of this report.

The inspector requested that the service manager place a “Have we missed” you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

During the inspection the inspector spoke with the service manager, two service users, and two staff members. 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 Inspection findings

### 6.2 Review of areas for improvement from the last care inspection dated 27 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.4  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2018	The registered person shall ensure that the agency reports any changes in the service user's situation and issues relevant to the health and well-being of the service user to the referring HSC Trust, and keeps a record of such reports.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> From records viewed it was identified that the agency had reported matters to the HSCT as appropriate. The agency has developed a proforma to record all actions taken.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 3.3  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2018	The registered person shall ensure that the care plan includes information on the care and services to be provided to the service user.	<b>Met</b>
	This refers specifically to the inclusion of behaviour support techniques in care plans; and to the implementation of any such support.	

	<b>Action taken as confirmed during the inspection:</b> It was identified that the agency had updated the identified care plan to include all required behaviour support techniques.	
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### 6.3 Is care safe?

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

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

The organisation's recruitment policy details the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Staff recruitment is managed and co-ordinated by the organisation's Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department. The service manager stated that the agency is currently in the process of recruiting additional staff.

Discussions with the service manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be followed. It was noted that the service manager is notified when new staff are ready to commence employment. The service manager stated that staff are not supplied until all required pre-employment checks have been satisfactorily completed and verified, and initial induction provided.

The agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency for the first two weeks of employment.

New staff are required to complete an induction workbook during their probationary period and in addition are required to complete competency assessments in areas such as medication and finance. Staff spoke positively about their induction and indicated that it had provided them with the required knowledge and skills to meet the needs of the service users. The reports of monthly quality monitoring audits viewed indicated that an audit of staffing arrangements is completed.

The service manager stated that staff complete a six month probationary programme with reviews at one, three and six months. Staff who spoke to the inspector stated that shadowing other staff had provided them with the opportunity to become familiar with the needs of individual service users. It was noted that staff are introduced to service users prior to providing care and support; this was confirmed by service users who spoke to the inspector.

Discussions with the service manager and staff indicated that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users.



Discussion with staff during of inspection highlighted no concerns in regards to them having appropriate staff to provide care as outlined in individual service users' care plans.

Discussions with staff and rota information viewed indicated that the care and support is provided to service users by a core staff team; the service manager felt that this promotes continuity of care and encourages the development of positive relationships. Staff felt that continuity of staff can have a positive impact on the service users' experience in relation to their human rights such as privacy, dignity and respect.

The system for ensuring that staff provided at short notice have the necessary knowledge and skills for their roles was discussed with the service manager. It was noted that when staff are supplied from another domiciliary care agency are required to complete an induction/orientation. The service manager stated that this is to ensure that continuity of care is achieved and to promote the safety, dignity and respect of service users is maintained.

The inspector discussed with the service manager the need to ensure the full name of staff provided is recorded on the agency's staff rota information; they provided assurances that this would be actioned immediately.

The agency provides quarterly supervision/ appraisal to staff in the form of a performance review; and a record is maintained. As part of this process staff are required to completed medication and finance competency assessments. The records of two staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policy. It was positive to note that records relating to performance reviews completed were retained in a well organised and secure manner.

The agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The organisation's HR department retains an electronic record of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). The service manager provided assurances that staff are not supplied for work if they are not appropriately registered and stated that the registration status of staff is monitored monthly. Records viewed indicated that one new staff member was in the process of registering with NISCC.

Staff and the service manager could describe the procedure for identifying individual training needs and their responsibility for ensuring that training updates are completed. It was noted that staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of the service users. Staff stated that their training had equipped them with the required knowledge and skills for their job role. Discussions with staff demonstrated that they had a clear understanding of service users' human rights in all aspects of their lives. Staff commented: "Training is good."

The inspector reviewed the agency's system for recording staff training. The records viewed indicated that staff had completed relevant training; it was noted that one staff member was booked to complete an adult safeguarding training update in the next month. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, finance, first aid, medication, fire and adult safeguarding. It was positive to note that a range of key areas are discussed during the initial induction training provided to staff such as equality, diversity, privacy, confidentiality, safeguarding, human rights, professional boundaries and whistleblowing.

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 an identified Adult Safeguarding Champion (ASC). The organisation's Adult Safeguarding Position report has been completed and was viewed by the inspector.

Discussions with the service manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours; they stated that the service manager was responsive in addressing concerns raised.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and an annual update thereafter.

Discussions with the service manager and records viewed relating to adult safeguarding evidenced that the agency has a system for retaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders with regard to alleged or actual incidences of abuse. Records viewed and discussions with the service manager indicated that the agency had acted in accordance with their procedures in relation to one matter referred to the HSCT adult safeguarding team.

Staff had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice. It was noted that service users had been provided with information relating to adult safeguarding matters.

Staff stated that they are introduced to service users prior to providing care and felt that this was necessary to ensure they had the required knowledge of the care and support required and to ensure that service users felt valued in terms of their dignity and privacy. Service users spoken with, indicated that they had no concerns regarding the safety of care being provided by the agency; they indicated that they could speak to staff if they had any concerns in relation to safety or the care being provided.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. It was noted that clear details of the incidents were recorded and of the actions taken. It was noted that they are reviewed as part of the agency's quality monitoring process.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The service manager and staff described the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives; they indicated that the human rights of service users had been considered in the process.

Staff who spoke to the inspector were noted to be very knowledgeable regarding the individual needs and human rights of service users' and the need to ensure service users can make choices regarding their daily routines. Staff described the value they place on ensuring that service users are supported in a person centred manner, where their preferences, choices and



views are respected. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Observations of interactions between staff and service users indicated that service users had choice and that staff listened to them and respected their views. Staff who spoke to the inspector stated that they felt care was being provided in a safe manner. Staff could describe how they familiarise themselves with the needs of individual service users. Staff stated that they observe service users closely to identify any changes in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety, wellbeing, dignity and choices of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The agency's office accommodation is located in the same building as the home of a number of service users and accessed from a shared entrance. During the inspection it was noted that records were stored securely and in an organised manner and that computers were password protected. Staff could describe the importance of storing confidential information in accordance with data protection guidelines.

### **Comments received during inspection process.**

#### **Service users' comments**

- "I can now travel on the bus to work on my own."
- "I am going to be moving house to the bungalow next door."
- "I like it here."
- "Happy here."
- "I am starting a new job."

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training, performance review, adult safeguarding and management of risk.

#### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

#### **6.4 Is care effective?**

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

The inspector assessed the agency's arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency's Statement of Purpose (SOP) and

Service User Guide (SUG) contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

Records viewed during the inspection were noted to be retained in an organised and secure manner. It was noted that staff had received information relating to good record keeping, General Data Protection Regulations (GDPR) and confidentiality.

Service user care records viewed during the inspection were noted to include referral information received from a range of relevant HSCT representatives and in addition included risk assessments, behavioural support plans and care plans. The review of two individual service user care records identified that they were individualised and contained a range of assessments and care plans, including those for any practices deemed to be restrictive.

The care and support plans viewed were noted to be detailed, providing a comprehensive account of the care and support required by service users. Those viewed contained details of specific choices made by service users and made reference to their human rights. A number of the care plans were presented in a pictorial format. The agency retains a register of all practices deemed to be restrictive and it was noted that this was reviewed quarterly in conjunction with the service users, their relatives and HSCT representatives. In addition the restrictive practice registered is reviewed monthly by the person completing the quality monitoring audit.

Service users indicated that they were supported to make choices in relation to the care and support they received; the inspector observed service users making choices in relation to their care and support.

Staff could describe the processes used for supporting service users and where appropriate their relatives to be engaged in the care planning and review processes. It was noted that staff record daily the care and support provided. Care plans viewed had been signed by the service users. The agency contributes to reviews involving the service users' HSCT keyworkers.

The agency had provided service users with information in an easy read format relating to Human Rights and details of how the agency protects their confidentiality and information retained by them.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with service users and staff, and observations made evidenced that staff communicate appropriately with service users. The individual communication needs of each service user is considered as part of the referral, assessment, care planning and review processes.

Staff could describe the processes used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders. Staff who spoke to the inspector indicated that they were very knowledgeable regarding the care and support required by individual service users and service users' individual preferences.

The agency aims to facilitate quarterly staff meetings; from the minutes of meetings viewed it was noted that a range of matters are discussed such as safety, training, and service users' needs. The service manager stated that monthly meetings are completed with the team leaders.

The agency aims to facilitate bi-monthly service user meetings; a record of matters discussed is retained. Records viewed included details of comments and choices made by service users.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. These include processes to obtain feedback from service users and their relatives.

The agency has contingency arrangements in place to respond to unforeseen/emergency events; service users have individual personal protection plans.

Comments made by service users:

- “Sometimes I make food; sometimes I need support of staff.”
- “If I am worried I speak to the manager or the team leader.”
- “I can buy what I want if I have the money.”
- “My social worker visits me.”
- “My keyworker is helpful.”

One comment made by a service user was discussed with the service manager and assurances provided that the matter would be addressed.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records and the agency’s processes for communicating and engaging with service users, relatives and other key stakeholders.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.5 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 inspector 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 their care and support.

It was noted that staff complete equality awareness training as part of their initial induction and receive information relating to human rights and confidentiality. Discussions with staff and service users, and observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. The agency has provided information to service users relating to human rights, complaints, advocacy and adult

safeguarding in an easy read format. During the inspection the inspector observed service users making decisions in relation to their care, support and daily routines.

Service users who spoke to the inspector indicated that they have choice in a wide range of areas; they stated that staff are approachable. Staff described how service users are supported to make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users that may involve a risk and could describe the process for raising concerns in relation to any identified risks.

Service user care records were noted to be comprehensive and contain information relating to the specific needs of service users and their individual preferences. Discussions with staff and service users indicated that care and support is provided in an individualised manner. During the inspection the inspector observed one service user making arrangements with staff in relation to their one to one activity.

Staff described how they had supported one service user to become more independent and to transfer to a more independent living arrangement. Staff could describe the value of developing a good rapport with service users and their relatives, and the need to be mindful of the individual wishes and preferences of service users. One staff member commented, "They (service users) can chose what they want to do and where they want to go."

Comments made by service users:

- "I have choice."
- "Staff support me to make choices and organise things."

During the inspection one of the service users showed the inspector around his home; it was positive to note that it had been personalised; the service user could describe how they had been supported to choose the decor.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs and choices of service users in a safe and effective manner. It was noted that staff had been provided with equality awareness information during their induction programme.

The agency's Statement of Purpose and Service User Guide contain information relating to equality and diversity.

Discussions with staff and observation of staff interactions with service users provided 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 individualised methods of communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in a person centred manner
- risk assessment and care planning

The organisation has developed a range of key information in an alternative format; staff stated that this supports service users in having a clearer understanding of the information being provided.

The agency has a range of processes for obtaining and recording comments made by service users and/or their representatives. Daily recording records, service user meetings, monthly summary reports and reports of quality monitoring visits indicated regular engagement with service users, the annual survey, relatives and where appropriate other relevant stakeholders. It was noted that these processes support the agency in obtaining the views of service users and relatives as to how the service could be improved.

Additional systems for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, keyworker meetings, quality monitoring visits, and care review meetings. The inspector noted that the agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

The organisation has a service user engagement group known as a Tenant's Action Group to facilitate them in engaging more effectively with service users. The service manager stated that this method of engagement encourages choice, inclusion, dignity, and empowerment of service users; one of the service users is involved in the group.

Discussions with staff and service users, and observations of staff and service user interactions during the inspection indicated that care provided was compassionate; staff were observed to treat service users with dignity and respect and to obtain consent from service users in relation to care and support provided.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care and in addition engagement with service users, and where appropriate other relevant stakeholders. There was evidence that the agency had arrangements in place for consistently promoting human rights; this has led to good outcomes for service users.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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 inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by a service manager under the direction of the registered manager and is supported by a number of team leaders and support workers.

The agency has a range of processes to ascertain and respond to the views of service users such as monthly quality monitoring, service user meetings, care review meetings, annual survey and the organisation's service user consultation forum (TAG). The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

Staff could describe the procedure for obtaining support at any time, including out of hours arrangements. Staff who spoke to the inspector stated that they had good working relationships with the management; they indicated that they felt supported in their role.

The agency's policies and procedures are retained electronically and staff can access them whilst on duty.

The agency has a complaints policy; discussions with the service manager and staff indicated that they had a clear understanding of the actions to be taken in the event of a complaint being received. Staff receive complaints awareness information during their induction programme. Service users who spoke to the inspector stated that they have been provided with information in relating to making a complaint.

Staff stated that they will support service users if they need to make a complaint or raise a concern; this will ensure that service users will have access to clear and fair processes for getting their views heard in line with their human rights. Service users who spoke to the inspector stated that they could speak to staff if they were worried or concerned.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the service manager that the agency had received no complaints since the previous inspection. Complaints are audited monthly as part of the agency's quality monitoring process.

The agency has developed processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the service manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of the relevant policies, performance review for staff and appropriate staff training; and in addition the monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA, on a monthly basis.

The inspector viewed evidence which indicated appropriate staff induction, training and performance review. The service manager could describe the benefits of reviewing the quality of the services provided with the aim of improving the service. Staff could provide examples of how they have adapted the way care and support is provided to meet the needs of individual service users.

The organisational and management structure of the agency is detailed within the SOP; it clearly records lines of accountability. Staff who spoke to the inspector had a clear understanding of the responsibilities of their roles; they are provided with a job description at the

commencement of employment. The service manager stated that staff behaviour and conduct is discussed with staff during their probation period and performance review meetings.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. No concerns regarding the management of the agency were raised with the inspector.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The organisation has a process for completing quality monitoring audits on a monthly basis and a report is developed. The inspector viewed the quality monitoring reports of a number of the audits. It was noted that the audits are completed by other service managers from within the organisation; guidance notes have been provided for those completing the monitoring visits. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users, staff and relatives. It was noted that email correspondence had been forwarded to HSCT representatives however no comments were recorded.

The reports viewed were noted to include details of the review of the previous action plan, review of care records, staffing arrangements, accidents/incidents, safeguarding referrals, and complaints; it details actions taken following the identification of any issues.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users and relatives, and governance arrangements including the quality monitoring process.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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