

# Unannounced Care Inspection Report

## 23 June 2016



## Colin Care

**Type of Service: Domiciliary Care Agency – Conventional**  
**Address: Cloona House, 31 Colin Road, Poleglass, Belfast, BT17 0LG**  
**Tel No: 028 9043 1275**  
**Inspector: Amanda Jackson**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Colin Care took place on 23 June 2016 from 09:00 to 15:30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified during this inspection.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified during this inspection.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified during this inspection.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Annie Armstrong, Registered Provider, Mrs Phyllis McQuillan (Acting Manager), the agency business manager and co-ordinator as part of the inspection process and can be found in the main body of the report.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

In addition to those actions detailed in the previous QIP the agency attended a concerns meeting at RQIA on 30 November 2015. The concerns meeting reviewed the agencies non-compliance with various regulations including Regulation 23 (1) (5) regarding the registered person monthly monitoring of the agency, Regulation 13 regarding recruitment practices, Regulation 16 (2) (a) regarding staff mandatory training and appraisal processes and Regulation 16 (4) regarding staff quality monitoring and supervision procedures. The meeting outcome confirmed a Failure to comply notice would not be issued in respect of Regulation 23 (1) (5). Other areas of concern raised during the meeting were confirmed by the agency within a detailed action plan assuring RQIA that all matters were being reviewed and addressed in an appropriate timeframe. Monthly quality monitoring reports were requested for submission to RQIA ongoing at this time and subsequently signed off in January 2016 due to the progress undertaken by the agency.

### 2.0 Service details

<b>Registered organisation / registered provider:</b> Colin Care/Mrs Annie Armstrong	<b>Registered manager:</b> Mrs Philomena (Phyllis) McQuillan (Acting)
<b>Person in charge of the agency at the time of inspection:</b> Mrs Philomena (Phyllis) McQuillan (Acting)	<b>Date manager registered:</b> N/A – Acting manager

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- previous inspection report
- previous quality improvement plan (QIP)
- record of notifiable events for 2015/2016
- record of complaints notified to the agency

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

- discussion with the registered person, acting manager, business manager and co-ordinator
- consultation with six staff
- examination of records
- file audits
- evaluation and feedback

Following the inspection the UCO spoke with four service users and five relatives, either in their own home or by telephone, on 28 and 29 June 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- management of medication
- personal care
- meals
- sitting service
- housework

The UCO also reviewed the agency's documentation relating to three service users.

On the day of inspection the inspector met with six care staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The acting manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Ten staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- recruitment policy and procedure
- three recently recruited staff members records
- induction policy and procedure, programme of induction and supporting templates
- three recently recruited staff members induction and training records
- training and development policy and procedure
- supervision policy and procedure
- three long term staff members quality monitoring, supervision and appraisal records
- three long term staff members training records
- four staff duty rotas

- vulnerable adults policy and procedure
- whistleblowing policy and procedure
- two vulnerable adult reports
- two trust contract compliance reports
- three new service user records regarding referral, assessment, care planning and review
- management, control and monitoring of the agency policy and procedure
- three long term service user records regarding review, reassessment and risk assessment
- three long term service users quality monitoring records
- record keeping and reporting policy and procedure
- the agency's service user guide/agreement
- the agency's statement of purpose
- three service users home recording records
- three monthly monitoring reports completed by the registered provider
- 2016 Annual quality report
- three compliments
- two staff meeting minutes
- three emails to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- three complaints records
- policy on reporting adverse incidents and Untoward incidents

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent care inspection dated 17 November 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 17 November 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 16 (2) (a) <b>Stated:</b> Second time	The registered person shall ensure that each employee of the agency-  (a) receives training and appraisal which are appropriate to the work he is to perform.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Policy on Management and supervision of staff dated September 2015 and subject to review ongoing details the procedure and timeframes for staff supervision, appraisal and quality monitoring	

	<p>for all levels of staff. Staff receive appraisal annually with 6 monthly supervision/spot checks.</p> <p>Review of three randomly selected staff files confirmed compliance with Regulation 16 (2) (a) and the agencies policy and procedure.</p>	
<p><b>Requirement 2</b>  <b>Ref:</b> Regulation 16 (4)  <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of three randomly selected staff files confirmed compliance with Regulation 16 (4) and the agencies policy and procedure.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b>  <b>Ref:</b> Regulation 15 (2)  <b>Stated:</b> First time</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user’s representative, prepare or ensure that a written plan (“the service user plan”) is prepared which shall-</p> <ul style="list-style-type: none"> <li>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</li> <li>(b) specify the service user’s needs in respect of which prescribed services are to be provided;</li> <li>(c) Specify how those needs are to be met by the provision of prescribed services.</li> </ul> <p>This requirement refers but is not limited to the agency’s care plans clearly detailing the circumstances in which restraint is to be implemented.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of three randomly selected service user files confirmed all records to be accurate and up to date whilst clearly outlining risk assessments and restraint provision where appropriate.</p>	<p><b>Met</b></p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 13</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(a) he is of integrity and good character;</p> <p>(b) he has the experience and skills necessary for the work he is to perform;</p> <p>(c) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three randomly selected staff files confirmed compliance with Regulation 13 and Schedule 3.</p>		
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 22 (6)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three randomly selected complaints which have taken place since the previous inspection were confirmed as compliant with Regulation 22 (6).</p>		
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 23 (1) (5)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three monthly monitoring reports for March, April and May 2016 were reviewed as complaint with Regulation 23(1)(5) and reflected follow through of action plans within each month.</p> <p>Review of the annual quality report for 2016 detailed the outcome of service user feedback in pictorial and word format.</p>		

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 23 (2) (3)</p> <p><b>Stated:</b> First time</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> <li>(a) arranges the provision of good quality services for service users;</li> <li>(b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> <li>(i) what services to offer them, and</li> <li>(ii) the manner in which such services are to be provided; and</li> </ul> </li> <li>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</li> </ul> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p><b>Action taken as confirmed during the inspection:</b> As detailed under requirement six above, monthly monitoring reports were reviewed during inspection as compliant with Regulation 23 (2) (3).</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person and manager/acting manager are recommended to review their current annual quality review process and report to ensure compliance with standard 8.12.</p> <p><b>Action taken as confirmed during the inspection:</b> As detailed under requirement six above, the annual quality report was reviewed as compliant.</p>	<p><b>Met</b></p>



<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p>	<p>The agreement between the service user and the service provider specifies the care and services to be provided (the care plan).</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three recently commenced service user records evidenced current care plans, service user guides and agreements which had been provided to the service users within the agreed timeframes and signed off by service users or family members.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p>	<p>Policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements (regarding Restraint).</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Policy on restraint dated September 2015 was reviewed as compliant and subject to 3 yearly review.</p>		

#### 4.3 Is care safe?

The agency currently provides services to 134 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The agency does not currently incorporate elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process. Due to staff not currently requiring to be registered with NISCC this process has not been embedded by the agency. The agency manager confirmed plans to register staff in line with NISCC timeframes and at that point will fully implement the NISCC induction standards. Several of the six care staff interviewed during the inspection day, had commenced employment within the previous few years. These staff described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Colin Care. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples of care given included use of equipment, management of medication and dementia awareness. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't say a bad word about the two carers."
- "Really, really good to XXX."
- "No issues with any of them."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance to the required standards. The policy requires updating in line the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The acting manager provided assurances the policy would be updated accordingly. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs including 'Dementia' training. Training is facilitated by both outside agencies and internally within the agency. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care. One staff questionnaire stated 'Safe guarding is our main priority for our service users and is always implemented to the highest standard'.

A review of safeguarding documentation regarding two safeguarding matters confirmed that matters arising were managed appropriately and in accordance with the regional safeguarding protocols and the agency policies and procedures. Documentation to trust professionals was centrally maintained and available for review during inspection.

Each of the six care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out review meetings with service users/representatives and the trust were appropriate to ensure service user needs were being met. The acting manager confirmed that the agency implement their own separate quality monitoring process and this was confirmed during review of three long standing service users. The acting manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.4 Is care effective?**

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency or felt that care had been rushed.

Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Colin Care were raised with the UCO. The service users and relatives advised that home visits have taken place and they have received questionnaires from the agency to obtain their views on the service. A number of the people interviewed also confirmed that observation of staff practice had taken place in their home. All of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

Examples of some of the comments made by service users or their relatives are listed below:

- “I would recommend them.”
- “Very impressed with the amount of shadowing new carers get.”
- “We would be lost without them.”

The UCO reviewed the agency’s documentation in relation to three service users and no issues were noted.

The agency's recording policy and associated procedures on 'Record keeping and reporting' had been revised in 2015. The agency maintained recording templates in each service user's home file on which care workers recorded their visits. The inspector reviewed three completed records returned from service user's homes, which confirmed appropriate procedures in place.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their co-ordinator or manager if any changes to service users' needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by their co-ordinator and manager to ensure effective service delivery.

The acting manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with six staff during the inspection supported review of this topic as necessary. Minutes of staff meetings reviewed during inspection evidenced discussions with staff on the area of recording.

Service user records viewed included referral information received from the HSC Trust care bureau and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The agency risk assessments completed by staff during their initial service visits contained evidence that service users and/or representative's views had been obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out quality reviews with service users bi-annually in line with the agency procedure. Annual questionnaires were issued to service users to obtain feedback on services provided and evidenced at inspection in terms of those received by the agency. Service user files reviewed during inspection contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans. The agency also maintain a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency had completed their annual quality review report for 2016, with a summary report of findings and improvements planned. The acting manager confirmed the summary report is provided to all service users in a range of pictorial/graph form and word version and this was reviewed within the agency during inspection. The acting manager informed the inspector that feedback from the annual quality review process is shared with staff post completion. This was not evident within staff meeting minutes forwarded to the inspector post inspection and has been advised as good practice in sharing feedback on service quality with the staff team.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Colin Care. Examples of some of the comments made by service users or their relatives are listed below:

- “Have become like family. Some days I feel down and they know how to make me feel better.”
- “It gives me peace of mind to know that XXX is so well looked after and they will contact me if necessary.”
- “Can’t complain at all.”
- “I cannot write due to my condition but the agency provided me with an online questionnaire.”

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. This was further confirmed during UCO interviews with service users. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits and again this was confirmed during service user interviews.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy and are required to sign a confidentiality declaration at the commencement of employment. This was reviewed within three staff files during inspection.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

The agency implement service user quality monitoring practices on a bi-annual basis through home visits. Records reviewed during inspection support quality monitoring in compliance with the agency timeframes. Quality monitoring from service user visits alongside monthly registered person contact (monthly quality reports) and the annual quality review of services evidenced positive feedback from service users and their family members.

Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Staff were always polite and very cheerful and XXX always loved to see them coming as they brightened up her day. Carer always treated her with great respect and dignity’. (Family feedback passed on by a care manager via email)
- ‘Wife of service user thanked the manager for changing a carer to a male to look after her husband’. (Feedback obtained during monthly quality monitoring by the agency business manager)
- ‘Thank you for all the care, support and assistance gave to xxx’ (Thank you card).

**Areas for improvement**

No areas for improvement was identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person Mrs Annie Armstrong and acting manager Mrs Phyllis McQuillan the agency provide domiciliary care to 134 people living in their own homes.

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the agency. Staff where able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the acting manager. Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One service user advised that an issue had been raised with management and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with a range of complaints recorded. Review of three complaint records supported appropriate review and resolution. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the acting manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One reportable incident had occurred since the previous inspection and reported to RQIA within the appropriate timeframes.

The inspector reviewed the monthly monitoring reports for March, April and May 2016. These reports evidenced that the agency business manager had been monitoring the quality of service provided in accordance with minimum standards. Reports are reviewed and signed off ongoing by the registered person and evidence of this process was confirmed during inspection.

The six care workers interviewed indicated that they felt supported by senior staff who were described as great and always available for discussions. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in staff questionnaires returned to RQIA.

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

### Areas for improvement

No areas for improvement was identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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