



The Regulation and
Quality Improvement
Authority

Fairways - The Cloonavin Green Project
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BT52 1RU

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**Unannounced Care Inspection
of
Fairways - The Cloonavin Green Project
14 January 2016**

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 14 January 2016 from 10.30 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

The details of the QIP within this report were discussed with Victoria Derbyshire, registered manager and Robert Dunlop, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Fairways Cloonavin Ltd/Mr Robert Anthony (Tony) Dunlop	Registered Manager: Miss Victoria Jane Derbyshire
Person in charge of the agency at the time of Inspection: Victoria Jane Derbyshire	Date Manager Registered: 10 January 2011
Number of service users in receipt of a service on the day of Inspection: 24	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Inspection report of 22 July 2014 and QIP
- Accidents/incidents reported to RQIA since the previous inspection.

During the inspection the inspector met with three service users, two care support staff, and two visitors.

The following records were examined during the inspection:

- Recruitment Policy
- Recruitment records
- Alphabetical index of staff
- Supervision policy
- Appraisal policy
- Staff training records
- Staff training / Induction Policy
- Staff handbook
- Job profiles
- Monthly monitoring records
- Financial Policy
- Transport Policy
- Facilitating Core Values Policy
- Statement of Purpose
- Staff duty roster
- Staff supervision policy
- Three care records
- Complaints records
- Accident/incident records
- Service User/representative questionnaires.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 22 July 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 5(1)</p>	<p>The registered person must ensure that the statement of purpose includes the full range of services staff provide to service users i.e. specialist behavioural interventions, restrictive care practices, the outreach service. The Statement of Purpose must also be amended to exclude any references to 'unplanned admissions'.</p> <p>Action taken as confirmed during the inspection:</p> <p>Examination of the Statement of Purpose dated 01 November 2014 (issue 8) evidenced that specialist behavioural interventions, restrictive care practices and outreach service was included. Reference to 'unplanned admissions' was excluded.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 15(9)</p>	<p>Action taken as confirmed during the inspection:</p> <p>The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.</p> <p>This requirement refers to the charging arrangements in place for service users when receiving support from staff to eat out.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that the charging arrangements had been addressed. This was reflected within the agency's Financial Procedure dated 15 September 2015 (Issue 5) and Service User Guide dated 01 November 2015. (Issue 8). All staff has been notified of the revised financial procedure and financial training was provided on several dates throughout years 2014 and 2015 to accommodate all staff. On- going training has been scheduled, on various dates, for year 2016.</p>	Met

<p>Requirement 3</p> <p>Ref: Regulation 15(9)</p>	<p>The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.</p> <p>This requirement refers to the arrangements in place to ensure that charges for transport provision are in accordance with journeys taken that are planned, necessary and in accordance with the wishes and preferences of service users.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that the charging arrangements for transport had been addressed. This was reflected within the agency's Financial Procedure dated 15 September 2015 (Issue 5) and Service User Guide dated 1 November 2015 (issue 8).</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 15(9)</p>	<p>The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.</p> <p>This requirement refers to the payments taken from service users for their personal care. Actions as per notice of failure to comply issued to the registered person on 12 August 2014.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that funding arrangements with the commissioning HSC Trust and service users/representative had been agreed and that the position in regard to current service users was unchanged. However, all new service users will not be charged a fee for care and support and that any additional funding will be met by the HSC Trust.</p> <p>The information was referenced within the Service User Guide dated 01 November 2015.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 14(c)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(c) so as to promote the independence of service users;</p> <p>This requirement refers to the arrangements in place to promote the independence of service users in the areas of individual budgets for food and utilities.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that separation of food and utility costs from rent for each service user had been addressed. This was evidenced in the Financial Procedure dated 15 September 2015 (issue 8) and Service User Agreement and service user individual finance expenditure record contained within care records.</p>	<p>Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 15 (2)</p>	<p>(2) 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> <p>(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;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to service users' access to their money.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager explained the arrangements in place in regard to access to money. Two revised care and support plans reflected the service user's ability to manage their finances and support arrangements in place to access their money. This was reflected within the Service User Guide dated 01 November 2015.</p>	<p>Met</p>
<p>Requirement 7</p>	<p>(2) The registered person shall, after consultation</p>	<p>Met</p>

<p>Ref: Regulation 15(2)</p>	<p>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> <p>(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;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to the service users who experience a restrictive practice (front door locked) in the absence of an appropriate HSC Trust needs assessment or care plan.</p>	
<p>Requirement 8</p> <p>Ref: Regulation 15 (3) (a)</p>	<p>(3) The registered person shall—</p> <p>(a) make the service user's plan available to:</p> <p>(i) the service user;</p> <p>(ii) any representative of a service user who was consulted on its preparation or revision;</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that the care plan was readily available to the service user and representative within the service user's home. Two service users confirmed their care plan was in their home .</p>	<p>Met</p>
<p>Requirement 9</p> <p>Ref: Regulation 15 (3) (b)</p>	<p>(3) The registered person shall—</p> <p>(b) keep the service user plan under review;</p> <p>This requirement refers to the review of the arrangements in place for a service user to receive their medication covertly.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager explained that written agreement had been obtained from the general practitioner (29 August 2015) and risk assessment reviewed and revised. Three monthly reviews with the commissioning HSC Trust is held. Supporting written evidence was contained within care records.</p>	
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 1.4</p>	<p>It is recommended that action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>The registered person should liaise with the service users' landlord and NIFRS as appropriate with regard to an appropriate means for service users to secure their private accommodation (bedrooms).</p> <p>Action taken as confirmed during the inspection:</p> <p>This recommendation had been addressed with secure access and regress measures now in place</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 8.10</p>	<p>Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>This recommendation refers to the implementation of the agency's financial procedures and in particular the registered manager's role in ensuring that service users' money is managed in accordance with the procedures.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager explained that review and revision of the Finance Procedure has taken place and robust arrangements are now in place to ensure each service user's money is managed satisfactorily. Procedure revised date: 15 September 2015. (Issue 5).</p> <p>Examination of financial records held evidenced that transactions, dates and frequent reconciliation was undertaken. Two signatures were recorded alongside each transaction.</p>	Met

	<p>Designated trained staff undertakes responsibility for transactions and recording service users finances. Records and content of staff training in finance management were retained by the manager.</p> <p>The registered manager undertakes checks and reconciles service user accounts at least once per month.</p>	
<p>Recommendation 3 Ref: Standard 9.5</p>	<p>Policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>This recommendation refers to the agency's policies on restrictive practice, challenging behaviour and physical interventions.</p> <p>Action taken as confirmed during the inspection:</p> <p>Policies and procedures on restrictive practice, challenging behaviour and physical interventions had been reviewed, revised and were dated 1 October 2015</p>	<p>Met</p>
<p>Recommendation 4 Ref: Standard 6,1</p>	<p>It was recommended that the agency participates in review meetings organised by the referring HSC Trust responsible for the service user's care plan. This recommendation refers to the review with the HSC Trust of the arrangements for supporting a service user to access the community.</p> <p>The registered manager confirmed that a review meeting with the HSC Trust representative was held as recommended. Care and support plans had been amended to reflect proper procedure. This was evidenced in care records examined.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 4.2</p>	<p>It is recommended that each service user has a written individual service agreement which contains the information outlined in Minimum Standard 4.2.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager explained that each service user had an individual written user agreement in place. These were observed within files inspected.</p> <p>The provision of written individual agreements was reflected within the Service User Guide dated 1 November 2015 (issue 8).</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 4.1</p>	<p>It is recommended that the service user's agreement is shared with the service users' relatives/representatives.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that all service users' agreements had been shared with service users and their relative/representative as recommended. Agreements were observed to be signed by the service user's representative and registered provider</p>	<p>Met</p>

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency had a Recruitment policy which was dated 1 September 2015. Examination of the policy showed comprehensive information for the recruitment and selection of staff was included. The manager demonstrated good knowledge of the procedure and provided three randomly selected staff files for inspection. Files examined contained all necessary employment documents including a record of physical and mental health and photographic evidence.

The manager explained that the induction programme for all newly employed staff included a schedule of three day training on commencement followed by practical training accompanied by another experienced care worker over a number of weeks until the new staff member is competent and capable to undertake duties unaccompanied. All areas within the induction programmes examined were noted to be signed off by the employee and mentor as each training activity is achieved. The induction policy is contained within the agency's Standard Operation Procedure, dated 1 November 2014 (issue 5)

The agency retains an alphabetical list of care staff employed in the agency.

The agency had policies on Staff Supervision and Appraisal, dated 12 November 2015, which detailed the frequency of supervision and appraisal. Records retained showed supervision was held every three months or more frequently as required. Appraisal is held annually.

Three service users and two relatives who met with the inspector confirmed total satisfaction with the provision of care and staffing, both day and night. Service users and their relatives confirmed that they would have no hesitation informing the registered manager if they were unhappy about any aspect of care. No issues or concerns were raised or indicated.

Five of the 10 satisfaction questionnaires issued for distribution to service users were completed and returned to RQIA. Responses indicated they were very satisfied that staff help them to feel safe and secure and that staffing levels are appropriate at all times.

Is Care Effective?

The agency employs a range of skill mixed care staff to meet the needs of service users. Named staff on duty each day and hours worked was reflected within the staff duty roster. When staff is required to cover leave part time permanent staff work additional hours. Commissioned agency staff is not used. The registered manager and staff confirmed that staffing levels were satisfactory for the number and dependency levels of service users in each house. The manager also confirmed there was always a senior support worker on each shift who was deemed competent and capable to undertake responsibility for this designated post. On the day of inspection the following staff was on duty; registered manager, deputy manager, one senior support worker and three support workers.

Staff confirmed they had received the agency's job description and Handbook and that they do not undertake unaccompanied visits to service users until they were deemed competent and capable to do so. Monitoring of performance was recorded throughout induction with records retained, dated and signed.

The registered manager confirmed there was a good range of training provided which included mandatory and other professional development training which was identified through various methods including; supervision, appraisal, staff meetings, reflective practice and as result accident/incidents or complaints received.

Examination of three staff training records evidenced staff in attendance, content of training and evaluations. The manager also retains an electronic central staff training matrix for quick reference and forward planning. The dates for mandatory training for 2016 had been arranged and recorded within the matrix.

The agency could demonstrate that service users' views, capacity and consent have been taken into account in the service delivery; examples of this were discussed with the registered manager and observed within care records. The agency was able to demonstrate ongoing promotion of human rights and values underpinning the Domiciliary Care Agencies Minimum Standards (2011)

Staff confirmed that they felt valued with very good team working. They felt they were well supported by the registered manager and confirmed that they would not hesitate to report if the care provided was not effective. Staff demonstrated knowledge and understanding of safeguarding and whistleblowing. Responses from staff within returned satisfaction surveys to RQIA showed satisfaction that the Whistle Blowing Policy was accessible to all staff.

Two relatives and three service users who met with the inspector spoke highly of the care provided and confirmed that staff were always readily available, providing the care as recorded within their support plans which were retained in each house. No issues or concerns were raised or indicated.

Five of the 10 satisfaction questionnaires issued for distribution to people supported were completed and returned to RQIA. Responses from people supported indicated they were very satisfied that staff knew how to care for them and respond to their needs.

The agency's disciplinary policy and procedures outlined the process for addressing unsatisfactory performance of staff.

Is Care Compassionate?

Discussions with staff and service users indicated that care was provided in an individualised manner. Care support plans examined were written in a person centred manner with choice and preferences recorded. Service users and representatives confirmed they were consulted about care planned and received and stated that they could refuse any aspect of care and support. They also confirmed that support care plans were retained in their home.

The promotion of core values such as dignity, choice and respect were evident through discussion with staff and service users. It was noted that the agency provided the service users with information on human rights in an appropriate format.

The registered manager described the process of liaison with the commissioning HSC Trust and relatives regarding best interest practices for service users who are identified as having capacity issues.

The agency's recorded response to one complaint received and the comments made by service users and/or their representatives indicated that their views are taken into account and responded to.

Five of the 10 satisfaction questionnaires issued for distribution to service users were completed and returned to RQIA. Responses indicated they were very satisfied with the care and support received and that their views and opinions are sought about the quality of the service.

Areas for Improvement

There were no areas for improvement identified in relation to Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Three care records examined contained pre/post admission assessments which were complemented with risk assessments, care plans from the commissioning HSC Trust, support plans, daily notes and care reviews. Assessments and support plans reflected the views and

preferences of service users. One area discussed with the manager related to the choking risk assessment undertaken by the HSC Trust speech and language therapist contained within one file examined and the support plan which did not reflect all measures to minimise the risk of choking as recommended by the speech and language therapist. The agency did not have a policy /procedure on choking and choking was not included within the First Aid training provided. One requirement and two recommendations for improvement were made in regard to choking.

There was evidence within care records examined that positive risk taking was undertaken in collaboration with service users and/or their representative and the commissioning HSC Trust.

Staff confirmed that support plans are retained within the home of each service user so that service users/representatives and the agency staff are fully informed of the care to be provided.

Is Care Effective?

The registered manager confirmed that care provided to service users is evaluated and regular reviews held. Care management reviews are held annually or more frequently as deemed necessary. Reviews undertaken included the involvement of service users and where necessary their representatives.

Service users support care plans were observed to be written in a person centred manner which included their views and preferences with care planned accordingly.

The registered manager explained the methods used to ascertain and respond to the views of service users and their representatives about the service provided. These included, for example; annual satisfaction survey's distributed to service users who would be able to respond and all representatives, monthly quality monitoring visits by the registered provider, ongoing care reviews, annual care management reviews and daily staff interactions with service users. Action plans are developed as a result of responses received.

Is Care Compassionate?

The registered manager confirmed that prior to admission the agency receives a range of assessments from the commissioning HSC Trust representative; these assist staff in the development of individualised care support plans in conjunction with the service user and/or their representative.

The agency could demonstrate that service users' views, capacity and consent have been taken into account in the service delivery; examples of this were discussed with the registered manager and observed within care records. The agency was able to demonstrate ongoing promotion of human rights and values underpinning the Domiciliary Care Agencies Minimum Standards (2011)

The agency retains information relating to human rights in a user friendly format. These were shared with service users/representatives.

Service users and representatives confirmed they were aware of their right to be consulted and to have their views considered in the planning of their care. They felt that choices and

preferences were always acknowledged in daily routines and activities, in as far as was possible.

Three care support plans examined reflected that the care planned and agreed was individualised with values such as choice, preference and respect reflected.

Staff was observed interacting with service users and their visitors within agency's reception office. Interactions were noted to be friendly and respectful.

Five of the 10 satisfaction questionnaires issued for distribution to people supported were completed and returned to RQIA. Responses indicated they were very satisfied that their views and opinions are sought about the quality of the service.

Areas identified for Improvement

There were three areas identified for improvement within Theme 2.

Regulation 15 (2) (b)

This requirement relates to the inclusion of measures in place to minimise the risk of choking within the service user's support plan.

Recommendation: Standard 9.1

This recommendation relates to the inclusion of choking within the First Aid policy.

Recommendation: Standard 12.4

This recommendation relates to the inclusion of choking within First Aid training.

Number of Requirements:	1	Number of Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Staff Questionnaires

During the inspection ten questionnaires were given to the registered manager for distribution to staff.

Four questionnaires were completed and returned to RQIA.

Responses from staff were analysed and found to be positive in all of the key areas of safe, effective and compassionate care.

One comment made included:

"From a professional and personal opinion I have no concerns about the quality of care provided."

5.5.2 Service User Questionnaires

Ten questionnaires were given to the manager for distribution to service users and return to RQIA. Five responses received evidenced service users were very satisfied that the provision of care was safe, effective and compassionate.

5.5.3 Complaints

The registered manager confirmed that one complaint was received during the period 01 January 2014 to 31 March 2015. Examination of records retained confirmed that the complainant was appropriately managed and resolved.

5.5.4 Monthly Quality Monitoring Visits

Review of monthly quality monitoring visit records showed that no visits were undertaken during August, September and October 2015. Monthly monitoring visits are necessary to ensure that all aspects of the provision of care were safe and effective and in keeping with the agency's governance arrangements. One requirement has been made in this regard.

5.5.5 Areas Identified for Improvement from Additional Matters

Regulation 23.1

One area identified for improvement related to ensuring monthly quality monitoring visits were undertaken with records retained as required.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Victoria Derbyshire, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2016</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>This requirement relates to ensuring monthly quality monitoring is undertaken with records retained within the agency.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: In the absence of the registered person, a suitable independent person will complete monitoring on his behalf.</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 15 January 2016.</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 – Specify the service user's needs in respect of prescribed services are to be provided.</p> <p>This requirement relates to ensuring that the recommendations made by the speech and language therapist to minimise the risk of choking are reflected within the care support plan.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Care plan has been updated detailing SLT recommendations. However, we have requested that SLT reviews these as the service user does not receive 24 hour supervision and may eat independently without staff being aware or present. We have also raised the choking risk of this individual with NHSCT in terms of the supervision levels he now requires.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>Policies and procedures as identified within Appendix 1 are in place and in accordance with statutory requirements.</p> <p>This recommendation relates to the inclusion of choking within the agency's First Aid policy.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Policy on choking is currently being devised.</p>

Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 29 February 2016.	The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. This recommendation relates to the inclusion of choking within First Aid training.		
	Response by Registered Person(s) Detailing the Actions Taken: Choking is covered in 1 st Aid training and training record now reflects this.		
Registered Manager Completing QIP	Victoria Derbyshire	Date Completed	03/03/16
Registered Person Approving QIP	Tony Dunlop	Date Approved	03/03/16
RQIA Inspector Assessing Response	Priscilla Clayton	Date Approved	04/03/16

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