



The Regulation and  
Quality Improvement  
Authority

Fairways - Woodford Park Project  
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**Unannounced Care Inspection  
of  
Fairways - Woodford Park Project  
20 January 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 20 January 2016 from 11.00 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

The details of the QIP within this report were discussed with Lorraine Russell, team leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Fairways Woodford Ltd/Mr Robert Anthony (Tony) Dunlop	<b>Registered Manager:</b> Victoria Jane Derbyshire
<b>Person in Charge of the Agency at the Time of Inspection:</b> Lorraine Russell, Team Leader	<b>Date Manager Registered:</b> 10 January 2011
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 6	

## 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**

Prior to inspection the following records were analysed:

- Previous inspection report/QIP dated 18 July 2014

During the inspection the inspector met with two care staff.

The following records were examined during the inspection:

- Recruitment Policy
- Recruitment records
- Alphabetical index of agency 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
- Facilitating Core Values
- Complaints 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 announced care inspection dated 18 Jul 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection on 18 July 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> 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 and restrictive care practices.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Examination of the Statement of Purpose dated 1 November 2014 (issue 8) evidenced that specialist behavioural interventions, restrictive care practices and outreach service was included.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> 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 charging arrangements in place for service users when receiving support from staff to eat out.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The team leader 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 1 November 2015 (Issue 8). All staff have been notified of the revised financial procedure and financial training was provided on several dates throughout years 2014 and 2015 to accommodate all staff. Ongoing training has been scheduled, on various dates, for year 2016.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> 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>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The team leader confirmed that the charging arrangements for taxi provision 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><b>Requirement 4</b></p> <p><b>Ref:</b> 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><b>Action taken as confirmed during the inspection:</b></p> <p>The team leader 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 admissions will not be charged a fee for care and support and any additional funding will be met by the HSC Trust. The information was referenced within the Service User Guide dated 1 November 2015.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> 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>The registered person must ensure that service users' access to their kitchen is accordance with the HSC Trust assessment of needs and risks; the registered person must ensure that any restrictions</p>	<p><b>Met</b></p>

	<p>in relation to this are clearly outlined within individuals' care records.</p>	
	<p>Service user needs regarding access to the kitchen had been risk assessed by the commissioning HSC Trust and documented within care records as required.</p>	
<p><b>Requirement 6</b> <b>Ref:</b> Regulation 14 (d)</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— (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person must ensure that service users who share their home with service users who present with risks have their property safeguarded.</p> <p><b>Action taken as confirmed during the inspection:</b> The team leader explained that appropriate door locking mechanisms had been installed which safeguard service users' property yet allow emergency access by staff when immediate attention is required.</p>	<p><b>Met</b></p>
<p><b>Requirement 7</b> <b>Ref:</b> Regulation 25</p>	<p>Subject to regulation 5(3), the registered person shall not use the premises for the purpose of an agency unless the premises are suitable for the purpose of achieving the aims and objectives of the agency set out in the statement of purpose.</p> <p><b>Action taken as confirmed during the inspection:</b> The agency has a new renovated office. Entrance to the office is separate from the service users' home.</p>	<p><b>Met</b></p>
<p><b>Requirement 8</b> <b>Ref:</b> 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— (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><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The team leader 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), Service User Agreement and service user individual finance expenditure record contained within care records.</p>	
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 14 (e)</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>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement refers to the location of the agency premises within the home of three service users. The registered person must ensure that service users' privacy is maximised.</p> <p>...</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The agency has a new renovated office attached to the home which has a separate entrance from the service users' home.</p>	<p><b>Met</b></p>
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> 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><b>Action taken as confirmed during the inspection:</b></p> <p>The agency's policy dated 29 August 2015 reflected the registered manager role in regard to the handling of individual service users' finances including reconciliation and financial recording.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 9.5</p>	<p>Policies and procedures are subject to a systematic three 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><b>Action taken as confirmed during the inspection:</b> The Restrictive Practices and Physical Interventions Policy was reviewed and revised in January 2014, with further review dated 12 January 2015.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.2</p>	<p>It is recommended that the agency maintains records of contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user;</p> <p>This recommendation refers to the contact with the relative/representative of a service user following the implementation of physical interventions.</p> <p><b>Action taken as confirmed during the inspection:</b> Examination of the care record evidenced a clear directive in regard to informing family/representative.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> 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><b>Action taken as confirmed during the inspection:</b> Examination of service user agreements evidenced criteria as set within Standard 4.2.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 4.1</p>	<p>It is recommended that the service users' agreement is shared with the service users' relatives/representatives.</p> <p><b>Action taken as confirmed during the inspection:</b> Examination of the service users' agreement evidenced that this was shared and signed by the service users' relative/representative.</p>	<p><b>Met</b></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 dated 1 September 2015. Examination of the policy showed comprehensive information in regard to recruitment and selection of staff. The team leader 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 of the applicant.

The team leader explained that the induction programme for all newly employed staff included a schedule of three days' 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 by the employee and mentor as each training activity is achieved. The agency's Induction Policy was contained within the agency's Standard Operation Procedure, dated 1 November 2014 (issue 5).

Positive responses in regard to the induction process and staffing were received from all staff who completed and returned questionnaires to RQIA.

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. The policies detailed the frequency of supervision and appraisal. Records retained showed that supervision was held every three months, or more frequently as required. Appraisal was held annually.

Two staff confirmed that the provision of care and staffing, both day and night, was safe and 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.

#### **Is Care Effective?**

The agency employs a team of mixed skill care staff to meet the needs of service users. Named staff on duty each day and hours worked were reflected within the staff duty roster. Part time permanent staff work additional hours when required to cover leave. Commissioned agency staff are not used. The team leader and staff confirmed that staffing levels were satisfactory for the number and dependency levels of service users living in each house. The team leader also confirmed that 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 were on duty:

- Registered manager
- Team leader
- Three support workers in each house plus a "staff floater" to cover as required

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 are deemed competent and

capable to do so. Monitoring of performance was recorded throughout induction with records retained, dated and signed.

The team leader confirmed there was a good range of training provided which included mandatory and other professional development training, identified through various methods including: supervision, appraisal, staff meetings, reflective practice and as result of accidents/incidents or complaints received. Examination of three staff training records evidenced staff in attendance, content of training and evaluations. The agency 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 team leader and staff were able to demonstrate that service users' views, capacity and consent have been taken into account in the service delivery; examples of this were observed within care records. The staff were able to demonstrate ongoing promotion of human rights and values underpinning the Domiciliary Care Agencies Minimum Standards (2011).

Staff confirmed that they felt valued and there was very good team working. They felt supported by the registered manager and team leader 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 confirmed that the Whistleblowing Policy was accessible to all staff.

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

The team leader confirmed that no complaints had been received since the previous inspection or during the time period January 2014 to 1 March 2015.

### **Is Care Compassionate?**

Discussions with staff 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. Staff confirmed that service users and their representatives were always consulted about the care support care plans and that these were retained in the service user's home.

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

The team leader 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.

All staff satisfaction questionnaires returned to RQIA reflected satisfaction that service users received care and support from staff who are familiar with their needs.

### **Areas for Improvement**

There were no areas identified for improvement for Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 team leader related to the associated choking as this was an area of identified risk for one service user. 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 team leader 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 inspected were observed to be written in a person centred manner which included their views and preferences with care planned accordingly. Daily notes/evaluations and reviews were recorded.

The team leader 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 surveys 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 team leader confirmed that prior to admission the agency receives a range of assessments from the commissioning HSC Trust representative; this assists 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 team leader 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 which is shared with service users who would be able to comprehend and their representatives.

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

Four of the ten staff satisfaction questionnaires distributed on the day of inspection were returned to RQIA within the time for report writing. Analysis confirmed that service user views and experiences shape the way in which services are provided.

### **Areas for Improvement:**

There were three areas identified for improvement within Theme 2:

- **Regulation 15 (2) (b)**

This requirement relates to the inclusion of all measures necessary to minimise the risk of choking within one service users 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.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Staff Questionnaires**

During the inspection ten questionnaires were given to the team leader 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.

### **5.5.2 Service User Questionnaires**

Ten questionnaires were given to the team leader for distribution to service users. No responses were returned to RQIA.

### **5.5.3 Complaints**

The team leader confirmed that no complaints were received during the period 1 January 2014 to 31 March 2015. Examination of complaints records retained confirmed that no complaints were received/recorded during this timescale or to the date of this inspection.

### 5.5.4 Monthly Quality Monitoring Visits

Review of monthly quality monitoring visit records showed that visits were not undertaken during the months of August, September and October 2015. Monthly monitoring visits are required to ensure that all aspects of the provision of care are safe, effective, compassionate and in keeping with the agency's governance arrangements. One requirement was 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 that monthly quality monitoring visits are undertaken, with records retained as required.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Loraine Russell, team leader, 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 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](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.



## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 23 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 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 visits are undertaken, with records retained in the agency.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> In the absence of the registered person, a suitable independent person will complete monitoring on his behalf.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by</b> <b>15 January 2016.</b></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><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Care plan has been updated detailing the SLT recommendations and circulated amongst all staff.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 9.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 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><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Policy on choking is currently being devised.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 29 February 2016</p>	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This recommendation relates to the inclusion of choking within first aid training.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Choking is covered in First Aid training and training record now reflects this.</p>



<b>Registered Manager Completing QIP</b>	Victoria Derbyshire	<b>Date Completed</b>	08/03/2016
<b>Registered Person Approving QIP</b>	Tony Dunlop	<b>Date Approved</b>	08/03/16
<b>RQIA Inspector Assessing Response</b>	Priscilla Clayton	<b>Date Approved</b>	09/03/16

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

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.