

# Unannounced Care Inspection Report 15 November 2019



## 2 Weavershill Road

**Type of Service: Domiciliary Care Agency**  
**Address: 2 Weavershill Road, Belfast, BT14 8PS**  
**Tel No: 02890712011**  
**Inspector: Joanne Faulkner**

[www.rqia.org.uk](http://www.rqia.org.uk)

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a domiciliary care agency supported living type which provides personal care and housing support to nine individuals. The agency provides care and support to adults with enduring mental health needs; service users reside in individual flats or shared accommodation. Staff are available to support service users 24 hours per day; the care is commissioned by the Belfast Health and Social Care Trust (HSCT). The agency aims to provide care and support in a manner that supports service users to live a fulfilling and meaningful life and to be as independent as possible.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Ms Aoine McMahon
<b>Responsible Individual:</b> Mr Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Aoine McMahon	<b>Date manager registered:</b> 20 August 2015

### 4.0 Inspection summary

An unannounced inspection took place on 15 November 2019 from 10.00 to 16.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. Service users should experience the choices and freedoms associated with any person living in their own home.

There were a range of examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, supervision/appraisal, training, adult safeguarding processes and risk management. Care records were comprehensive, individualised and well maintained. There was evidence of effective systems for communication with service users and relevant stakeholders. The culture and ethos of the organisation promotes treating service users with dignity and respect with an emphasis on their safety, and in addition maximising their privacy, choice and independence. There was evidence that care was provided in an individualised manner.

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

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

One area for improvement was identified during this inspection in relation to the agency's quality monitoring system.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Aoine McMahon, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 13 December 2018.

The completed QIP was returned and approved by the care inspector and was validated during this inspection.

#### 5.0 How we inspect

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

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

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

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

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

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

Ten questionnaires were provided for distribution to the service users and/or their representatives; no responses were received prior to the issuing of this report. During the inspection the inspector spoke with the manager, three service users and three staff members. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the last care inspection dated 13 December 2018**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(d) Schedule 3  <b>Stated:</b> First time	The registered person shall ensure that no domiciliary worker is supplied by an agency unless-  (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed from records viewed that the agency has completed a Statement of Fitness to Practice proforma for each individual domiciliary care worker provided.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21.-(1)(a)  <b>Stated:</b> First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-  (a) kept up to date, in good order and in a secure manner  This relates specifically to details of each supply of a domiciliary care worker to a service user.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was confirmed from records viewed that the agency's staff rota information provided a clear record of all staff provided and that records were completed in accordance with guidelines for good record keeping.</p>	
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## 6.2 Inspection findings

### 6.3 Is care safe?

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

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

The recruitment policy outlines the process for ensuring that staff pre-employment checks are completed prior to commencement of employment. It was identified that staff recruitment is co-ordinated by the organisation's Human Resources (HR) department. Details of all information relating to staff recruitment are retained by the HR department.

Discussions with the manager indicated that they had a clear understanding of the recruitment process and the need for the system to be robust. They stated that staff are not supplied until pre-employment checks have been completed by the HR department. The manager stated that they are notified when new staff are ready to commence employment/induction.

The induction programme provided to staff was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted from discussions with staff and records viewed that new staff are required to complete corporate induction, training in a range of areas and in addition shadow other staff employed by the agency as part of their initial induction programme.

Staff who spoke to the inspector indicated that their induction had provided them with the knowledge and skills to meet the needs of the service users. Staff indicated that they were introduced to the service users prior to providing care and support and shadow staff currently employed by the agency.

Discussions with the manager and staff, and rota information viewed provided assurances that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users. Discussions with a number of service user during the inspection identified that they had no concerns with regards receiving the appropriate care and support.

Staff rota information viewed indicated that the care and support is provided to service users by a core staff team; it was felt that this supports the agency in ensuring continuity of care. Staff described how ensuring continuity of staff can have a positive impact on the service users' experience in relation to their human rights such as privacy, dignity and respect.

The system for ensuring that staff provided at short notice have the necessary knowledge and skills for their roles were discussed with the manager. It was noted that all staff provided are required to complete an induction prior to providing care; this is to ensure that continuity of care is achieved and to ensure the safety, dignity and respect of service users is maintained.

Staff are required to participate in quarterly supervision meetings and a record of areas discussed is retained. Staff are provided with an annual appraisal. It was noted from records viewed that staff had received supervision and appraisal in accordance with the agency's policy.

The agency has a system in place for monitoring staff registration with the relevant regulatory body; details of the registration status of staff required to be registered with NISCC is retained and monitored in conjunction with the NISCC department within the organisation. The manager stated that staff are not supplied for work if they are not appropriately registered. Records viewed during the inspection indicated that staff were registered appropriately.

Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of the service users they are providing care to. The manager and staff could describe the process for identifying training needs and their responsibility for ensuring that training updates are completed as required.

The agency retains a record of training completed by staff; records viewed indicated that the majority of staff had completed relevant training. A small number of staff who were due to complete training updates in areas such as infection control and handling service users monies. It was noted that staff had completed training in a range of areas such as moving and handling, finance, human rights, first aid, suicide awareness, MAPA, medication, fire, health and safety, and adult safeguarding. It was positive to note that a range of key areas are discussed during the initial induction programme provided to staff such as equality, diversity, privacy, confidentiality, safeguarding, human rights and whistleblowing.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures were noted to reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC); the inspector discussed the need to ensure that an Adult Safeguarding Position report has been formulated by March 2020.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

From discussions with the manager it was identified that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter. Records viewed indicated that staff had completed appropriate training in relation to adult safeguarding. The manager stated that there were no ongoing investigations at the time of inspection.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding. Records viewed and discussions with the manager indicated that referrals made since the previous inspection had been managed in accordance with the organisation's procedures.

Discussions with staff provided assurances that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the agency's policy and procedure with regard to whistleblowing.

Staff who spoke with the inspector stated that they had no concerns regarding their safety; they indicated that they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency had provided service users with information in relation to safety and the details of the procedure for reporting any concerns.

A review of the accidents and incidents which had occurred within the agency identified that they had been managed appropriately. It was noted that details of incident are recorded electronically and reviewed by the organisation's risk department.

The agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety were reviewed. The agency has a process for assessing and reviewing risk. Records viewed and discussions with the manager confirmed that comprehensive risk assessments, and care plans had been completed in conjunction with service users and where appropriate their HSCT community representatives. Records viewed indicated that the human rights of service users had been considered.

Staff who spoke to the inspector were knowledgeable regarding the individual needs and preferences of service users'. They described the value they place on ensuring that service users are supported in an individualised way, where their preferences, choices and views are respected. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had. Staff described the need to balance risk with the choices and human rights of individual service users and the need to support service users to be as independent as possible.

Discussions with and observations of interactions between staff and service users indicated that the service users were supported to make their own choices and that staff communicated with them in an appropriate manner. Discussions with staff indicated that they had a clear understanding of service users' human rights. Staff could describe how they familiarise themselves with the needs of individual service users and stated that they observe the service users to identify any changes in dependency, ability or behaviour and take appropriate measures to promote/ensure their safety, wellbeing and views.

The agency's office accommodation is located in the same building as the service user's apartments and accessed via a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose. During the inspection it was noted that records were stored securely and in a well organised manner; and that computers were password protected.

## Comments received during inspection process

### Service users' comments

- “I go to the Monday meeting and I can chat about what I want.”
- “Happy with things; if worried I speak to staff.”
- “I get support from staff; staff are brilliant.”
- “Very happy.”
- “I need a place like this to keep me off the drink.”
- “I love it here.”

### Staff comments

- “Very happy, manager very approachable.”
- “Lovely place to work, happy here.”
- “I really enjoy my work; love working with the service users.”
- “Service users are safe; we are always contactable via phone.”
- “My social work background really helps.”
- “I feel we make a difference in the service users lives.”
- “Service users have choice.”

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision/appraisal, adult safeguarding processes and the management of incidents/accidents.

### Areas for improvement

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

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

#### 6.4 Is care effective?

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

The inspector reviewed the agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

Records viewed during the inspection were noted to be retained in a well organised and secure manner. Care records viewed included relevant referral information received from a range of HSCT representatives and in addition included risk assessments, safety assessments, care plans and details of the decision making process for any practices deemed to be restrictive.

The review of two service user care records identified that they were comprehensive and individualised. Care plans viewed were noted to be comprehensive, providing a very detailed account of the specific care and support required by individual service users; it was noted that care plans are reviewed monthly. The agency retains details of any practices deemed to be restrictive.

The manager could describe the processes used for supporting service users to be effectively engaged in the care planning and review processes. It was noted that staff record daily the care and support provided to service users. Staff stated that the aim is to support service users to live as independently as possible.

The agency contributes to service user reviews facilitated by a range of relevant representatives. Staff described the need for regular reviews to ensure that the needs of service users were being appropriately met and risks addressed.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, and staff, and observations made indicated that staff endeavour to communicate appropriately with service users. It was positive to note that staff had received specific training in relation to the needs of one service user in order to equip them in supporting the individual effectively.

The manager and staff could describe the methods used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders were appropriate.

The agency facilitates staff meetings; staff are encouraged to attend and provided with the opportunity to express their views and opinions and to raise matters of concern. It was noted that a detailed account is maintained of the matters discussed; the range of matters discussed included staffing, incidents, accidents, training, fire safety, medication, governance issues mediation and the needs of service users.

Service user meetings are facilitated weekly and a record of matters discussed is retained. The inspector discussed with the manager the benefits of including comments of service users in the minutes retained. There was evidence of regular engagement with service users to ascertain their views.

## **Comments received during inspection process**

### **Service users' comments**

- "Staff support me to go out and speak to me when I am anxious."
- "I do what I want and let staff know when I will be back."
- "Staff are helping me look for my own flat."
- "Staff are really good."
- "This is a brilliant place."
- "I go out to meet my mummy for lunch."
- "I am settling in well, I like it here."

## Staff comments

- “I spent the whole morning supporting \*\*\*\* (service user) to clean his flat but it is much more than that.”
- “I can raise issues; they are always dealt with.”

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records, systems for effectively communicating with service users, and other key stakeholders.

## Areas for improvement

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

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

### 6.5 Is care compassionate?

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

The agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support was assessed.

Staff receive information relating to equality, human rights and confidentiality as part of their induction programme. Discussions with staff and service users, observations made and documentation viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way staff provide the care and support to service users.

Service users indicated that they had been provided with information relating to human rights, complaints, advocacy and personal safety. Service users described how staff support them to make decisions about all aspects of their life; they stated that staff are caring, and approachable. Service users stated that they can refuse any aspect of their care. Staff described the challenges and risks that may arise due to choices made by service users. The inspector observed service users being supported by staff to make decisions with regards to their daily routines. It was positive to note that service users made the decisions as to the activities they wished to participate; during the inspection one service user was supported by staff to go out for fish and chips to a local restaurant.

Care records viewed were noted to be completed in a detailed manner and contained information relating to the specific needs of service users and their individual choices and preferences. Discussions with staff and service users, and observations made provided assurances that care and support is provided in an individualised manner.

**Comments made by staff:**

- “All about the service users and making their lives better.”
- “All about person centred care.”
- “Meet with the service users daily.”

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

Some of the areas of equality awareness identified during the inspection include:

- effective methods of communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- risk assessment and care planning

It was identified that the agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

Service users who spoke to the inspector indicated that staff will engage with them in relation the care and support being provided. Records of care review meetings, daily recording notes and minutes of weekly meetings indicated regular engagement with service users and where appropriate other relevant stakeholders. These processes assist the agency in obtaining feedback on the service provided and views as to how the service could be improved.

Discussions with staff, service users and observation of staff and service user interactions indicated that care was provided in a compassionate and caring manner.

**Comments received during inspection process****Service users' comments**

- “I am asked my views; I can do what I want.”
- “I feel joy since I been here.”
- “Staff are approachable, very much.”
- “Staff help make you comfortable in your own flat.”
- “I was homeless for a while so this is much better; I like it here.”
- “I have choice.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care. In addition the methods used by staff to effectively engage with service users with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for protecting and promoting the human rights of service users; for respecting choices made by them and identifying risk.

## Areas for improvement

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

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

### 6.6 Is the service well led?

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

The management and governance systems in place within the agency to meet the assessed needs of service users were reviewed. The agency is currently managed on a day to day basis by the registered manager supported by a number of senior support workers and support workers.

Staff described the process for obtaining support at any time, including out of hours arrangements. Staff who spoke to the inspector indicated that they had good working relationships with the manager and senior staff.

The agency's policies and procedures are retained electronically; staff can access them as required.

The organisation's complaints policy outlines the procedure for managing complaints. Discussions with the manager and staff indicated that they had an understanding of the actions to be taken in the event of a complaint being received. Staff are provided with complaints awareness training during their induction programme. Service users who spoke to the inspector knew how to raise concerns and make a complaint.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the manager that the agency retains a detailed account of complaints received and the actions taken to resolve the matter. The manager stated that complaints are audited monthly.

The organisation has developed systems for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Systems include the provision of the required policies and procedures, appropriate supervision of staff and provision of relevant staff training. The inspector viewed evidence of effective collaborative working relationships with other HSCT representatives. The inspector viewed evidence which indicated appropriate staff induction, training and supervision/appraisal.

The manager and staff could describe the benefits of reviewing the quality of the services provided with the aim of improving the service provided to the service users.

The organisation has a process for completing quality monitoring audits on a monthly basis and for developing a report. However it was noted from records viewed and discussions with the manager that a number of monitoring visits had not been completed. An area for improvement has been identified.

The inspector viewed the quality monitoring reports of a number of the audits. It was noted that the audits are completed by managers employed in other areas of the organisation. Records viewed were noted to be detailed; an action plan had been developed. The records were noted to include comments made by service users, and where appropriate their representatives. Comments included: “Staff good and supportive.” (Relative); “Very happy with care; staff keep me up to date.”(Service user); “Best induction I ever had.” (Staff member).

The reports available were noted to include details of the review of the previous action plan, review of service user care records, staffing arrangements, accidents/incidents, adult safeguarding referrals, and complaints.

The organisational and management structure of the agency is outlined within the Statement of Purpose; it record lines of accountability. Staff are provided with a job description at the commencement of employment. The manager stated that staff behaviour and conduct is discussed with staff during their induction period and supervision/appraisal meetings.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the agency were raised with the inspector.

**Comments received during inspection process**

**Staff comments**

- “Very content, I have job satisfaction.”
- “We have a good team.”
- “I feel supported in my role by the manager; everyone is open and honest.”
- “Manager very approachable.”
- “Staff all work well together.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s engagement with service users and relevant stakeholders.

**Areas for improvement**

One area for improvement was identified during the inspection in relation to the agency’s quality monitoring process.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Aoine McMahon, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 23.— (1)(2)(3)(4)(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>(1) 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>(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> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(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.</p> <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>(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>It is required that the quality monitoring reports are forwarded to RQIA on a monthly basis until further notice.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A local protocol is now in place in respect of monthly monitoring visits as per the inspector's request. This will be reviewed on an annual basis. The monthly monitoring forms for November and December 2019 have been completed and forwarded to RQIA; monthly monitoring reports will continue to be provided until further notice.</p>

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



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