

Unannounced Care Inspection Report 9 November and 14 November 2018



Bardan Cottage Dunmurry

Type of Service: Day Care Service

Address: 265-267 Kingsway, Dunmurry, Belfast, BT17 9NP

Tel No: 02890 618869

Inspector: Suzanne Cunningham

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 Day Care Setting that provides care and support for up to 20 service users daily. The day time activities provided aim to meet the needs of service users who are over 55 and may have a diagnosis of dementia, experience memory loss and/or have a physical disability.

3.0 Service details

Organisation/Registered Provider: GL Care LLP	Registered Manager: Louise Harte
Responsible Individual(s): Mr Liam John Lavery	
Person in charge at the time of inspection: Louise Harte	Date manager registered: 13 October 2016
Number of registered places: 20	

4.0 Inspection summary

An unannounced inspection took place on 9 November 2018 from 10.45 to 16.30 and 14 November 2018 from 14.15 to 16.45.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in relation to staff records; management arrangements; the home's environment; the storage of service user's information; communication between staff; planning daily care; creating opportunities for listening to; taking account of the views of service users; communication between staff and maintaining good working relationships

Areas requiring improvement were identified in relation to staff recruitment policies and procedure; improving the arrangements for the delivery of care and support; staff knowledge through induction and training; the fire risk assessment; service users individual assessment and care plans; service users' involvement and the Statement of Purpose.

Service users and relatives were asked what they thought we should know about Bardan Cottage Dunmurry, they said: "Great place, great staff"; "this is like an extended family (service user' name) is safe, happy and is treated with dignity and respect, a wonderful place"; "I have been very impressed with the excellent care provided at Bardan. The staff have taken a great effort to know and understand (service user's name) needs – (service user's name) always returns in great spirit and has a sense of having had a wonderful time".

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Louise Harte, 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 22 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 February 2018.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection on 22 February 2018
- unannounced care inspection report and quality improvement plan from 22 February 2018

During the inspection the inspector met with the manager, and two members of staff. The inspector greeted and made introductions to all of the services users in the group setting. More detailed discussions were had with seven service users.

The following records were examined during the inspection:

- Three service users' care records.
- Three staff personnel records.
- A sample of service users' daily records.
- The day centre's complaints/compliments record from April 2017 to November 2018.
- Staff roster information from October to November 2018.
- Fire safety precautions.
- A sample of minutes of service users' meetings from March, June and September 2018.
- A sample of minutes of staff meeting's from November 2017 to August 2018.
- The day centre's incidents and accidents recorded since the last inspection.
- A sample of monthly quality monitoring reports from May to September 2018.
- Whistleblowing Policy, 2018.
- Recruitment Policy, 2018.

- The Statement of Purpose 2018.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; six questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users, relatives and staff for their involvement and contribution to the inspection process.

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

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 most recent inspection dated 22 February 2018

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20(1)(c) Stated: First time	The registered person shall ensure that, "The persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform." Ref: 6.7	Met
	Action taken as confirmed during the inspection: Inspection of the staff training records confirmed there was a programme of mandatory training delivered to staff using an online training package. One staff member had not commenced the training. This had been identified by the manager as a concern and was being managed in supervision. Supervision records revealed ongoing monitoring of training was in place with all staff at the time of inspection.	
Area for improvement 2 Ref: Regulation 29(1)(d) Stated: First time	The registered person shall notify RQIA of any event in the day care setting which adversely affects the wellbeing or safety of any service user. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Inspector inspected the accident and incident records which confirmed notifications had been made to RQIA when necessary.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspection of the staff rota for October and November 2018 showed there were there was three care staff, one senior and a driver delivering care and support at all times. The manager was also present and their role was to support staff to meet service users' needs as and when necessary.

The manager was identified on the staff rota, when she was absent the senior care worker assumed management responsibility. This arrangement was detailed on the rota and described in the setting's statement of purpose. The senior care worker had signed a record in July 2018 which confirmed they had the skills, knowledge and were willing to act up in the manager's absence. Discussion with the manager revealed the senior care worker had also been identified to complete the Qualifications and Credit Framework, (QCF) level 5 qualification and it was anticipated a place should become available commencing January 2019.

The registered manager had maintained individual staff files and four were inspected. They contained evidence that some organisational recruitment procedures had been complied with however, for two staff members the qualification evidence and for one staff member the years of experience was not consistent with the settings procedure. The manager was asked to review procedures in this regard and ensure they are consistent with the Day Care Settings Standard and the organisation's policy and procedure and an area for improvement is stated in the QIP for this inspection.

The inspection of the staff rota and the discussion with staff did show the staffing numbers were consistently maintained to meet the needs of the service users. However on the first day of inspection the staff were found to be busy and observation of care and support concluded that not all service users were encouraged to engage in the activities being delivered. Discussion with staff and the manager identified the staff were busy because a number of service users had complex needs. On reflection the manager and staff did identify that alternative activities may need to be offered. The staff were reminded that all service users' preferences should be considered and activities suitable for the group's needs should be sourced. The staff also reflected on their use of the environment, this could have been used more effectively to stimulate service users' involvement. The inspector returned to the setting on a second day to observe if there was an improvement in the provision of activities for all service users. The same concerns were not noted because service users' needs attending on the second day were less complex and the activity plan was meeting the needs of those who were attending. To ensure all service users can engage with the activities on offer the manager was asked to review staffing, activities and the environment to ensure they provide the best opportunity to meet service users' needs each day. Improvements identified should be implemented and monitored for improvement to ensure the service user group needs are met taking into account the day care environment, the number of service users and the arrangements described in the statement of purpose in relation to service users engaging in

social activities, hobbies and leisure interests. An area for improvement is stated in the QIP for this inspection.

Discussion with the manager found an induction programme was in place for the care staff working in the centre. Evidence of three staff's individual induction was inspected which showed the staff had received an induction to their specific role and the building. The manager had also used a document which informed staff regarding their responsibility to adhere to NISCC standards; this was signed by the staff member and manager. The manager could not evidence the staff were practicing competently regarding the standards or show that staff understood how the standards would be put into practice in Bardan. The manager was advised that new social care staff should receive an induction that ensures they are competent to carry out the duties for their job, in line with the settings policies and procedures and the NISCC induction standards were suggested as a point of reference. An area for improvement is stated in the QIP for this inspection.

The training records were inspected and they showed mandatory training and some other training relevant to the staff's roles and responsibilities had been provided since the last inspection. Training was mainly provided via an online package. The training record did not identify the content of the training which would verify it was consistent with the relevant standard and current policy. The manager provided evidence that showed the training had recently been updated in line with policy changes. The manager was advised to update the training record to ensure it details the content of the training staff complete.

RQIA records revealed one incident had been reported to RQIA since the last inspection. The review of the settings incidents and accidents confirmed this incident had been responded to on the day to ensure the service user was safe. Overall the inspection of the record found safety issues and risks had been identified and responded to, and all notifiable incidents or events were reported to RQIA.

The inspector spoke with staff regarding safe care. Discussion regarding restrictive practices revealed they were aware that service users must not be restricted unnecessarily. The front door was locked to prevent service users leaving without staff being aware and this was described in the service user's individual agreement. In contrast the staff's assessment of other potential restrictions such as wheelchair straps, complex needs, and communication was not evident in files inspected nor was there evidence of multi-disciplinary assessments of needs and how needs should be met. Discussion with staff revealed they were generally aware of service users' needs relating to early signs of dementia and how to meet them; however their knowledge of how to meet more complex needs could be improved. Specific areas identified for improvement were in relation to staff knowledge regarding service users' that have a learning disability, behaviours related to dementia that is at a moderate to severe level, and communication needs relating to memory loss and/or dementia. The induction and training needs of care staff are integrated as one area for improvement which aims to ensure staff are trained to competently undertake their roles and responsibilities in this day care setting, this is stated in the QIP for this inspection.

The walk around the environment found the setting's furniture and general environment presented as safe, clean & tidy. Furniture used by service users presented as fit for purpose for service users to relax in and undertake a range of activities. The service users could move around the setting and no rooms presented as overcrowded during the inspection.

The last fire risk assessment was carried out in May 2016; the suggested date for review was May 2017. There was no evidence that this document had been subsequently reviewed and this is stated as an area for improvement in the QIP for this inspection. The last fire drill was undertaken in March 2018 and this did not identify any areas for improvement.

Discussion with two staff regarding safe care revealed the staff were introduced to the setting by the manager and senior. They had undertaken training regarding fire safety, safeguarding adults and dementia and they said the manager was open to facilitating training suggestions. Discussion revealed they knew the basic needs of the service users in the day care setting, were following the service user's plans and seeking service users preferences however they were not actively seeking to improve service users outcomes. Staff and the manager were advised to discuss if and how care and support can be improved in their planning and team meetings.

On the day of the inspection a small group of service users were asked if they felt safe in the day care setting, they said it was a safe place and they discussed and agreed the staff were good to them. One service user said "it couldn't be better".

Six service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were satisfied that the care provided to service users was safe.

Areas of good practice

There were examples of good practice found during this inspection in relation to staff records, management arrangements and the home's environment.

Areas for improvement

Four areas for improvement were identified in relation to staff recruitment policies and procedure; improving the arrangements for the delivery of care and support; staff knowledge through induction and training and the fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

Three service user's care files were inspected in detail and an additional three service users' individual assessments and care plans were sampled for further evidence. This found service user's diagnosis and needs were not clearly recorded in all of the service user's assessment and care plans. The absence of this detailed information is likely to impact on the quality of care and support delivered therefore this should be improved. The manager and staff were should review all service users' information and ensure all service users have a current assessment that clearly identifies their assessed needs. The assessment should contain information from the referrer regarding the service users' needs and this should be consistent with the referral criteria in the setting's statement of purpose. Lastly the service users' care plans should be reviewed and improved to ensure the plan details how the identified needs will

be met by staff and details how service users' individual outcomes and personal objectives will be met in day care. An area for improvement is stated in the QIP for this inspection.

The inspection confirmed records were stored safely and securely in line with data protection and staff reported they could access the records when they needed to.

Discussion with a group of service users revealed they felt staff knew what they were doing and staff had asked them what they wanted to do in day care.

Discussion with the staff revealed they meet each morning to plan activities for the group and specific service users. They confidently described meeting the needs of service users in the setting and communicating with service users. The staff spoken to were asked if they could improve the day care provided and they identified a number of ways they could support service users who had communication needs or were unsettled in the day care setting. They identified opportunities to develop communication, space for walking and engaging service users in the group or in individual activities. The discussion found when asked staff could identify areas for improvement specific to the service users' needs in the setting, this was a positive finding and staff motivation in this regard should support the implementation of improvements identified during this inspection. The staff also said they were keen to have the right information recorded to enable them to deliver the right care.

The discussion with the manager also revealed there was potential to improve care. As reported in safe and effective care the manager and staff should review potential to improve a number of areas including recording of service users information and delivery of support and care.

Six service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found during the inspection in relation to the storage of service user's information; communication between staff and planning daily care.

Areas for improvement

One area for improvement was identified in relation to improving service user's individual assessment and care plan including recording service user's personal outcomes in their care plan.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection of this setting included observation of service users taking part in activities in the large group, small groups and the lunch time routine. Service users' needs were varied and staff on duty were observed approaching service users individually or in the group in a caring and respectful way. Observation of the activities on the first day of inspection did reveal a small number of service users were not being encouraged to be involved in the activity and this is reported in the safe care section of this report. When staff were observed interacting with service users they gave them time and, when appropriate, privacy to protect their dignity when meeting needs.

The observations on the first day of inspection found staff enabled and supported service users who were most likely to engage and participate in activities and interests; in contrast the service users who were not confidently communicating or active also needed stimulation but were not receiving this at all times. On the second day of the inspection the service users' needs were less complex and the activities presented as suitable for the service users' needs thus the same was not evident. An improvement was identified in relation to ensuring all service users have the opportunity to be involved in activities and the day care setting routine, this is stated in the QIP for this inspection. Overall on the second visit to this day care setting the observations found service users were being promoted to take part and engage with opportunities available.

Discussion with a small group of service users confirmed that they felt their views and opinions had been taken into account in matters affecting them. One service user spoken to described when they first came to the day centre they had no intention of staying. However after they were introduced to the setting they said they were welcomed warmly and enabled to feel comfortable with the activities, routine and with the staff. The service user said they had increased their days in the day centre since starting and said "we're all friendly here".

The systems in place to promote effective communication between service users and staff were service user meetings that were held every three months. To ensure everyone had an opportunity to give their views the manager had facilitated a series of meetings held over a week in each quarter of the year. The minutes were available for inspection and this revealed service users had given their views and suggestions regarding activities, staffing, meal choices, and the impact of the weather on the daily activities. Furthermore service users were informed by staff of any changes or plans in day care.

A service user survey had been completed in 2018 and the outcome report was made available for inspection. The report showed the service users and their families reported Bardan Cottage was having a positive impact on the service users lives. No suggestions were made therefore no action plan was produced.

The service had produced a newsletter for service users to read on the day, discuss during activity time and take home to facilitate conversation with their families or carers. During discussion staff and the manager also described how they communicate with families or carers by phone, in person or in written communication to feed back to them what the service user had done in day care, this helps to facilitate the service user's recall and promote their social

skills. The day centre is commended for their innovative and person centred approach in relation to both of these examples.

A small group of service users were asked if care was compassionate and they agreed it was. Six service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to creating opportunities for listening to and taking account of the views of service users.

Areas for improvement

One area of improvement was identified in relation to encouraging all service users' involvement through a varied activity programme.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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 registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed during this inspection. The document described the nature and range of services provided and addressed most of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The inspection found the setting's statement of purpose should be improved in the section regarding 'what needs they will meet' and 'admission criteria' to ensure RQIA and potential referrers have the right information to consider if the premises, staffing and arrangements in place are appropriate to meet service users' needs. During the inspection the manager was also reminded of the need for the organisation to inform RQIA of any changes in their statement of purpose. An area for improvement is stated in the QIP for this inspection.

A sample of the staff supervision records was inspected and this showed three staff had met with their supervisor on average once every three months for an individual supervision meeting. These discussions were recorded and available for inspection.

The staff meetings record was inspected and this showed they had been held, the minutes and attendance was recorded and actions were identified to address any areas that can be improved. The manager was reminded they should aim to hold staff meetings at least quarterly.

Two complaints had been recorded and these had been responded to locally, within stated timescales and resolved. Discussion with the staff confirmed they were aware of how they should respond to a complaint or area of dissatisfaction. Discussion with a small group of service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience.

The provider monthly monitoring visits had been undertaken to monitor, audit and review the effectiveness and quality of care delivered to service users. The reports showed the visits had been undertaken monthly by the responsible individual and included the monitoring of service users' files and records. An action plan was in place to address areas for improvement that had been identified and progress was monitored during the next visit to ensure improvements were implemented and anticipated outcomes met.

The service users were asked their opinion about the management of the setting and staff, they said the staff are good and they can talk to the manager at any time. Six service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were satisfied that the care provided was well led.

The discussion with the two newest staff revealed they felt well supported by the manager since commencing as care assistants in the day care setting. They described they value the open and honest conversations between staff and the manager which they felt contributed to the best care and support being given. One staff member said they valued the feedback they had received from the manager, they felt it was constructive and aimed at ensuring best practice was delivered. Staff also identified the experienced staff and manager's knowledge in relation to the service users and how to meet their needs was an advantage during their induction. During the discussion the staff were prompted to reflect on their current practice, they identified areas they could change to improve the way care and support was delivered in the setting and confirmed they felt confident they could present and/or develop ideas as a team and these would be acted upon if they could show this would improve practice.

Areas of good practice

There were examples of good practice found in relation to communication between staff and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in relation to the Statement of Purpose.

	Regulations	Standards
Total number of areas for improvement	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 Louise Harte, Registered 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 day care setting. 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 Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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 Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 26(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2018</p>	<p>The registered person shall ensure the fire risk assessment carried out in May 2016 that was identified for review during May 2017 is reviewed without delay.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Bardan Cottage's Fire risk assessment has now been reviewed and updated as requested in accordance with Regulation 26(4)(a).</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 7</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2018</p>	<p>The registered person shall review and improve the settings statement of purpose, specifically the description of what needs they will meet and admission criteria for the setting. This should be sent to RQIA with the completed QIP and made available to referrers to ensure they have the right information to consider if the setting is suitable to meet service users' needs.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered Person has now reviewed and updated The Statement of Purpose to include the description of admission criteria for the setting and how these needs will be met by Bardan Cottage as per Regulation 7</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2018</p>	<p>The registered person shall review and improve the settings procedures and practice in relation to staff recruitment to ensure they are compliant with the Day Care Settings Standard in this regard.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Person will make arrangements to review and improve the settings procedures and practices regarding staff recruitment to ensure Bardan Cottage is compliant with Day care Settings Standards number 20.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall review staffing, activities and the environment to ensure the best care and support is delivered each day to meet service users' needs. Any improvements identified should be implemented and monitored for evidence of improvement to ensure the service user group needs are met.</p> <p>Ref: 6.4</p>

<p>9 January 2018</p>	<p>Response by registered person detailing the actions taken: The registered Person has now reviewed staffing, activities and the environment to ensure that best care and support is being delivered. The improvements implemented will be monitored for effectiveness, for example, sensory equipment has now been purchased as part of an ongoing improvement. Staff will continue to review and make improvements thus ensuring that our service users needs are being met as per Standard 17.9</p>
<p>Area for improvement 3 Ref: Standard 21 Stated: First time To be completed by: 9 January 2018</p>	<p>The registered person shall put in place arrangements to improve staff knowledge, for example improving the induction to include standards and competency, improving the range of training available for staff particularly in relation to meeting service users' needs that have a learning disability and/or complex behaviours and communication needs relating to memory loss and/or dementia.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered person has now made arrangements which will improve staff induction, standards and competency and will improve the range of training available for all staff in relation to meeting our service users complex and changing needs as per Standard 21</p>
<p>Area for improvement 4 Ref: Standard 7.4 Stated: First time To be completed by: 9 January 2018</p>	<p>The registered person shall put in place arrangements to review all service users' individual personal information held by the setting. The review should ensure all service users have a current assessment that clearly identifies their assessed needs and plan that identifies how their needs will be met:</p> <ul style="list-style-type: none"> • the assessment should contain information from the referrer regarding the service users' needs. • the service users' needs as identified in the assessment should be consistent with the referral criteria in the settings statement of purpose. • the service users care plans should be reviewed and improved to ensure the plan details how the assessed needs will be met by staff and details how service users individual outcomes/personal objectives will be met in day care. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered person will continue to review all of the service users personal information ensuring that it is appropriate and up to date. Arrangements have now been put in place to ensure that our service users personal objectives and individual outcomes are identified and met as per Standard 7.4.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2018</p>	<p>The registered person shall review and where possible improve activity plan and delivery to ensure activities are aligned to the needs of the service users and ensures all service users have the opportunity to be involved in day care activities.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person will make arrangements to review and make improvements to plan and develop activities that will align with our service users needs and ensure that they are all given opportunities to be involved in these activities as per Standard 9.3.</p>



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