

# Unannounced Care Inspection Report 9 November 2018



## Prospects Beacon Centre

**Type of Service: Day Care Service**

**Address: River Suite, 5-7 Parkview Road, Castlederg, BT81 7AH**

**Tel No: 02881670600**

**Inspector: Angela Graham**

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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 day care setting that provides care and day time activities for up to 26 service users with a learning disability and/or mental ill health. The day care setting is open Monday, Wednesday and Friday and is managed by Inspire Wellbeing.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Inspire Wellbeing  <b>Responsible Individual:</b> William Henry Murphy	<b>Registered Manager:</b> Emma Weaver (registration pending)
<b>Person in charge at the time of inspection:</b> Emma Weaver	<b>Date manager registered:</b> Registration pending
<b>Number of registered places:</b> 26	

### 4.0 Inspection summary

An unannounced inspection took place on 9 November 2018 from 09.10 to 16.25.

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 previous 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 training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users. Finally, good practice was found in relation to governance arrangements and maintaining good working relationships supporting well led care in the setting.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “nice place”, “staff help me with colouring my pictures”, “we get tea when we come into the centre” and “I like coming here”.

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
<b>Total number of areas for improvement</b>	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Emma Weaver, 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 and 18 December 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 and 18 December 2017.

## 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
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)
- pre-inspection assessment audit

During the inspection, the inspector met with the manager, a support worker, a student and four service users. The manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. No responses were received.

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. One response was received.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users and relatives 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 the manager to be displayed in the day care setting for service users.

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records

- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 13 and 18 December 2017

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 13 and 18 December 2017

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19(1)(a) Schedule 4	The registered person shall maintain in respect of each service user a record which includes the information, documents and other records specified in Schedule 4 relating to the service user including a recent photograph of	<b>Met</b>

<b>Stated:</b> First time	the service user.	
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement had been satisfactorily addressed.	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time	The registered person shall confirm the outcome of the fire risk assessment detailing if significant findings were identified.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Confirmation was provided to the Regulation and Quality Improvement Authority on 2 February 2018.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.3  <b>Stated:</b> First time	The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement had been satisfactorily addressed.	

## 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 manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 1 October 2018 until 9 November 2018 evidenced that the planned staffing levels were adhered to.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The manager confirmed that staff employment records were held within Inspire Wellbeing human resources department and that all appointments were made in compliance with relevant legislative requirements and Inspire Wellbeing policy and procedures. The manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the manager. Records of competency and capability assessments were retained and examined during the inspection.

Observation of and discussion with staff on duty demonstrated a clear understanding of service users' needs and how those needs should be met. They described the training they received as effective and of a good quality and stated that it provided them with the skills and knowledge to fulfil their roles and responsibilities. Discussion with staff and review of a sample of staff training records concluded staff had received mandatory since the previous care inspection such as first aid, moving and handling and adult safeguarding training. It was positive to note that staff received training in addition to the mandatory training requirements such as: quality and governance; mental health first aid and general data protection regulation.

Discussion with the manager established that there had not been any suspected, alleged or actual incidents of abuse. The manager confirmed that Inspire Wellbeing has adopted the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 and that an Adult Safeguarding Champion had been identified. Discussion with the manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Staff confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Observation of the environment confirmed that the setting was warm, clean, odour free and had suitable lighting. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, safety checks fire extinguishers and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 19 October 2018. Discussion with staff confirmed they were aware of the evacuation procedure.

Infection prevention and control measures were in place and a good standard of hygiene was observed throughout the centre. Measures included the availability of hand sanitiser around the setting, seven step hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities and control of substances hazardous to health (COSHH). Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users' needs. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required. In addition staff had received training in first aid and fire safety.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC).

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I like it here and I am safe."
- "This is a good place and everyone is good to me."

Staff comments:

- "Inspire Wellbeing offer very good training to the staff including training that promotes safety such as fire and first aid."
- "The support that we provide to the members ensures they are safe in the centre."

One staff returned a questionnaire to RQIA post inspection. The staff member confirmed they were "very satisfied" regarding questions on "is care safe" in this setting.

On the day of the inspection Prospects Beacon Centre was found to be delivering safe care. There was positive feedback from four service users about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control and knowledge and competency in respect to safe care.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

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

The inspector reviewed the day care settings arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Discussion with the manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users’ care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed.

Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users’ needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users’ health and social care needs. A record was kept of each service user’s involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed.

Discussions with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Prospects Beacon Centre.

Discussion with the manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. Service users gave positive feedback regarding the activities and opportunities the day centre provided for them.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon.

Staff stated that there was effective communication and team work which ensured that safe and effective care was provided to service users. The manager and staff spoken with advised that there has been a consistent staff team for a number of years, which they reported had a positive impact on the experience of service users and helped develop working relationships. Staff were aware of their roles and responsibilities and lines of accountability. Staff demonstrated knowledge of how to escalate any concerns and how to liaise with the multi-disciplinary team as needed. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the setting's whistleblowing policy and were able to access it.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Discussion with service users and staff on the day of inspection evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "I like doing the colouring and art work."

- “I am well looked after here.”
- “I liked the dancing with the dance teacher.”

Staff comments:

- “The members are very much involved in the running of the centre; we have monthly meetings for the members.”
- “The members are very much part of the centre and the running of it.”

One staff returned a questionnaire to RQIA post inspection. The staff member confirmed they were “very satisfied” regarding questions on “is care effective” in this setting.

The evidence indicates that the care provided in Prospects Beacon Centre is effective in terms of promoting each service user’s involvement, development, enjoyment and wellbeing.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between service users, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**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 sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre.

Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users’ expectations. The inspector observed on numerous occasions, staff offering service users’ choice regarding the activity they wished to do or where they wished to go and choice of meal. Staff took time to find out what services users wanted when it was not always apparent. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as

needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. Staff discussed the range of activities that service users could take part in such as dance therapy programme, pencil drawing, recreational crafts, topical discussions and outings.

The minutes of the three most recent service users meetings were reviewed during this inspection. The meetings had taken place on: 1 October 2018; 31 August 2018 and 14 May 2018. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. The inspector noted some of the areas recently discussed during meetings included fire safety, activities, outings and college courses.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff are kind."
- "We talk about what we want to do when we are here."

Staff comments:

- "The members needs always come first."
- "We are committed to ensuring the members have a good day in the centre and are provided with the support they require."

One staff returned a questionnaire to RQIA post inspection. The staff confirmed that they were "very satisfied" regarding questions on "is care compassionate" in this setting.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 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. A certificate of public liability insurance was current and displayed.

The inspector discussed the management arrangements within the day care setting. The manager informed the inspector that the registered manager had relinquished her role on the 26 June 2018. RQIA had not been informed that the registered manager had relinquished the role nor indeed of the arrangements that have been made or any proposed arrangements in the absence of the registered manager. This has been identified as an area for improvement under the regulations.

The Statement of Purpose for the day care service was reviewed (and updated) by the provider on May 2018. The inspector reviewed the Statement of Purpose. The Statement of Purpose needs to be reviewed to include all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007. This has been identified for an area for improvement under the regulations.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the manager and effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

The staff who met with the inspector appeared well informed on all aspects of the centre's operations and proved very capable in responding to all of the RQIA requirements for this inspection.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in a manner that was easily accessible by staff, policy tech. The inspector reviewed a sample of policies and procedures and they were noted to have been updated in accordance with timescales outlined in the minimum standards.

A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved though effective communication, supervision, staff meetings and the open door approach provided by the manager.

Discussion with the manager confirmed that staff meetings were generally held monthly, and records verified this. The last meeting was held on 25 October 2018 and minutes were available. Previous staff meetings had been undertaken on 29 August and 7 July 2018. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. The manager confirmed that the minutes of the meetings were made available for staff to consult.

A complaints record was maintained in the day centre. There had been no complaints recorded since the previous care inspection. Discussions with staff confirmed that a robust complaints management process is in place within the setting. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly by an independent monitoring officer. Three quality monitoring reports were examined and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users and staff, with positive feedback recorded.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition the manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

Discussions with service users, staff and the manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Individual person centred care
- Individual risk assessment
- Disability awareness.

Discussion with service users and staff on the day of inspection revealed that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "This is a good centre. Emma is the new boss."
- "I know all the staff and they are good to me."

**Staff comments:**

- “We have monthly team meetings and I feel we are well supported by the manager.”
- “Policies and procedures are available to me on policy tech.”
- “We have very good support systems in place for staff.”

One staff returned a questionnaire to RQIA post inspection. The staff member confirmed they were “very satisfied” regarding questions on “is care well led/managed” in this setting.

**Areas for improvement**

Two areas for improvement were identified in relation to the statement of purpose and the management arrangements for the day care setting.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	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 Emma Weaver, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 30 (1) (b), (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 November 2018</p>	<p>The registered provider shall give notice in writing to the Regulation and Improvement Authority where the registered manager purposes to be absent from the day care setting for a continuous period of 28 or more. Except in the case of an emergency, the notice shall be given no later than 28 days before the proposed absence commences or within such shorter period as agreed with the Regulation and Improvement Authority.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Notice has been given dated 09/11/2018.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 4 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2019</p>	<p>The registered provider must submit a revised Statement of Purpose that includes all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Prospects statement of purpose has been updated and is now fully compliant with schedule 1 of the day care setting regulations a copy has been forwarded to RQIA.</p>



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