

Unannounced Care Inspection Report 12 February 2018



Strabane and District Caring Services

Type of Service: Day Care Setting
Address: 32-34 Bridge Street, Strabane, BT82 9AE
Tel No: 02871884986
Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 with 10 places that provides care and day time activities. The care setting is open three days each week; Monday, Wednesday and Friday.

3.0 Service details

Organisation/Registered Provider: Strabane and District Caring Services	Registered Manager: Jacqueline Timoney
Responsible Individual: Mr Gerard Mario Harkin	
Person in charge at the time of inspection: Gerard Harkin, registered provider Wendy McGlincey, care coordinator	Date manager registered: 16 October 2009
Number of registered places: 10 - DCS	

4.0 Inspection summary

An unannounced inspection took place on 12 February 2018 from 10.15 to 15.30 hours.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to effective communication, staff supervision, appraisal, good staff team working relationships and provision of a wide range of therapeutic activities.

Areas requiring action for improvement included five requirements and six recommendations which included; staff training, timely notification to RQIA, confidentiality, written individual service user agreements, policy development, amendment to statement of purpose, care reviews, fire safety and infection, prevention and control measures.

The findings of this report will provide the day centre 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	5	6

Details of the Quality Improvement Plan (QIP) were discussed with Gerard Harkin, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Following this inspection a serious concerns meeting was held at RQIA on 22 February 2018 with the registered persons of the day care setting. This meeting was held to provide opportunity for the registered persons to discuss the outcome of the inspection and their planned action to address requirements and recommendations.

The requirement and recommendations made as a result of this inspection and the action plan developed by the registered manager to address issues will be closely monitored by RQIA.

5.0 How we inspect

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

- previous care inspection report and QIP
- correspondence
- notifications
- registration status

During the inspection the inspector met with two service users and two staff including one care worker, one care coordinator and the registered person.

The following records were examined during the inspection:

- statement of Purpose
- two staff recruitment files
- staff induction programme
- staff training
- three service user care files
- minutes of staff meetings
- accidents/incidents
- complaints
- monthly monitoring visits
- fire Risk Assessment
- fire safety checks – fire alarm, emergency lighting, fire extinguishers
- audit
- individual service user agreement template
- programme of activities
- staff
- policies and procedures relevant to this inspection

Ten service users' satisfaction questionnaires were provided for distribution, completion and return to RQIA. No service users' questionnaires were returned.

A poster was provided for display purposes which contained information on how staff can access and return satisfaction questionnaires to RQIA via survey monkey or mobile telephone scan. No staff questionnaires were returned.

An inspection of the day care setting was undertaken.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded was met in four of the six recommendations. The remaining two recommendations were partially met and have been stated for a second time in the QIP of this report.

The findings of the inspection were provided to Gerard Harkin, responsible person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 November 2017 and 22 November 2017.

The most recent inspection of the day care setting 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 22 November and 12 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.7 Stated: First time	The registered provider should improve the staffing record to detail who is working and in what capacity, including who is in charge.	Partially met
	Action taken as confirmed during the inspection: Staff names were recorded within a desk diary. There was no evidence of staff capacity or the time worked each day.	
Area for improvement 2 Ref: Standard 21.1 Stated: First time	The registered provider should include an assessment of competence when completing staff induction, for example the NISCC induction Standards.	Met
	Action taken as confirmed during the inspection: Staff induction programmes were in place as recommended.	

<p>Area for improvement 3</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p>	<p>The registered provider should establish a service user's agreement for all current service users. The agreement should also be in place for all new service users, prior to them commencing in the day care setting.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The service user agreement was discussed with the registered provider. A template had been developed but not distributed to service users. The template developed did not fully reflect the criteria as set within standard 3.1.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered provider should record consultation with service users regarding the running of the day centre, their ideas, suggestions and preferences. All consultation with service users should be recorded to ensure their contribution to the running of the day care setting is recorded on and acted upon.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records retained evidenced that service users were consulted. These were reflected within records retained. Service users who spoke with the inspector confirmed that the manager and staff always consulted service users on the matters as recommended.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p>	<p>The registered provider should improve the audit processes for service user files and care records, infection prevention and control, incidents and accidents.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence of audits within care records. Infection prevention and control audits were undertaken. Areas requiring improvement had been addressed. Audit of accidents or incidents was not required as only one had occurred since the previous inspection. However, as advised by the registered manager following the inspection, an audit would be undertaken if accidents / incidents were to increase.</p>		

Area for improvement 6 Ref: Standard 23.8 Stated: First time	The registered provider should improve the staff's meeting agenda and minutes. Discussion with staff regarding safe, effective and compassionate care would ensure any potential for improvement is identified with staff and if leadership roles and responsibilities could be improved or developed.	Partially Met
	Action taken as confirmed during the inspection: Agendas and minutes of staff meetings viewed reflected that these were undertaken on a regular basis with recorded evidence of staff in attendance and matters discussed. Further work is recommended in respect of the inclusion of care practice improvements, policy/procedure and other matters as indicated.	

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 staff on duty and the registered provider confirmed that sufficiently qualified, competent and experienced persons are working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. On the day of inspection one care assistant and one care coordinator plus the responsible person were working in the day centre. Two service users were in attendance.

Records of staff working each day were recorded within a daily diary. However, there was no evidence of a staff duty roster of persons working in the day care setting, and a record of whether the roster was actually worked. Action is required to ensure compliance with minimum standards and the previous quality improvement plan.

Discussion with staff and service users evidenced that they were satisfied that staffing levels were satisfactory and that staff were always readily available to assist and care for them as required. Service users were also aware who was in charge of the day care setting and who they would talk to if they had a concern or matter they wanted to discuss.

An induction programme was in place for staff working within the centre appropriate to specific job roles which were signed by both parties. A care staff member who spoke with the inspector confirmed that an induction programme, including mandatory training was provided when employment commenced.

The recruitment files of two of the most recently employed staff member were considered to be in keeping with employment regulations and minimum standards.

The recruitment and selection policy was reviewed and discussed with the responsible person. Amendment of the policy is necessary as reference was made to the provision of a minimum of one reference as opposed to two which is required.

Arrangements were in place to monitor the registration status of staff with Northern Ireland Social Care Council (NISCC). These records were viewed by the inspector.

Staff mandatory training records were examined and discussed with the responsible person. Evidence that training in first aid for two care staff was not provided. Staff training in fire safety was last provided for two staff during 2016 and for four other staff during 2014. Action is required to ensure compliance with day care minimum standards and RQIA staff mandatory training recommendations.

No accidents/incident notifications were forwarded to RQIA over the past year. Review of the accident records retained within the centre did not reflect any reportable accidents / incidents.

Staff confirmed that with the exception of the use of one lap strap fitted to a wheel chair by the manufacturer no other form of restrictive practices was ever used and records viewed evidenced that no challenging behaviours had occurred. Apart from the use of one lap strap which was used for safety purposes when using a wheel chair no other restrictive practice was observed. The responsible person advised that he was unable to locate the policy on Restraint and Seclusion policy. Staff training records evidenced that staff training in restrictive practice and challenging behaviour was provided during September 2016.

Action is required in regard to the development and provision of a policy on restraint and seclusion in accordance with the DoH guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). When developed staff training should be provided in this regard. The staff member in charge confirmed that no safeguarding matters had been reported since the previous care inspection. Staff training in adult safeguarding had been provided and recorded. The centre's adult safeguarding policy in place was not reviewed by the inspector. Following the inspection the registered manager advised that this policy was available. The current adult safety policy will be reviewed at the next inspection to the day centre.

Staff who spoke with the inspector knew how to report issues or concerns.

Inspection of care records evidenced that there was a system of referral to service users' key workers and the trust multi-professional care team.

The centre had a policy/procedure on infection prevention and control (IPC). Staff training records evidenced that training in infection prevention and control was provided during 2016.

An inspection of the internal environment of the day care setting was undertaken. The day setting was comfortably heated and fresh smelling. One area requiring urgent attention related to the service users' wash room which was observed to be unclean with a high risk of cross contamination of infection identified; several used paper hand towels were on the floor, the hand soap dispenser was empty, the waste bin in place was not pedal operated and one used latex glove was on the floor. A pictorial notice of hand washing technique was displayed

above the wash hand basin. Urgent action is required in regard to infection prevention and control as the standard of cleanliness and hygiene within the service user wash room was well below the expected safe standard and not in accordance with regulation 13 (7) of The Day Care Setting Regulations (Northern Ireland) 2007. The registered provider explained that the room must have been left like this on the previous open day and would be cleaned by the centre's cleaner.

The official fire risk assessment for the centre was dated 14 November 2012. An assessment undertaken by the registered person was dated 15 September 2017. This assessment was not considered to be appropriate as the information did not fully reflect details which would be expected. In addition the fire risk assessment must be undertaken by a suitably qualified, competent person in fire safety. Action is required as the centre was in breach of regulation (4) 26 (4) (a) of The Day Care Setting Regulations (Northern Ireland) 2007.

Examination of the fire safety records evidenced that these were not recorded as required.

For example some dated recorded included;

- Emergency lighting was recorded on; 04 January 2016, 02 November 2015 and 07 December 2015. (This should be undertaken and recorded monthly)
- Fire alarm; recorded 17 November 2017, 05 April 2016, 21 December 2015 and 14 December 2015. (This should be undertaken and recorded weekly)
- Fire doors; recorded 04 January 2016, 07 December 2015 and 02 November 2015. (This should be undertaken and recorded weekly)

Fire extinguishers were being checked with dates recorded as required. The registered person advised that weekly fire alarms checks were sounded each Monday. However, no record was made. Action is required to ensure compliance with regulation 26 (4) (iv) of The Day Care Setting Regulations (Northern Ireland) 2007.

Service users spoke openly with the inspector advised they had no issues or concerns with the provision of care within the day centre. Examples of comments made included:

- "I really like coming to the centre as I wouldn't get to meet anyone if I did not."
- "The care is very good as staff encourage lots of interesting things to do."
- "I know who to contact if I have any concerns."

Staff who spoke with the inspector commented;

- "I received a lot of training and a good induction programme was provided when I started."
- "Very good centre and with the small numbers there is very good individualised care and attention provided."

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, care record maintenance and positive feedback from service users and staff.

Areas for improvement

Five areas identified for improvement related to three requirements and two recommendations which included; minimise the risk of cross contamination of infection, fire risk assessment and fire safety precautions including the undertaking of weekly/monthly fire equipment checks and the development of a policy on Restraint and Seclusion and amendment of the Staff Selection and Recruitment policy.

	Regulations	Standards
Total number of areas for improvement	3	2

6.5 Is care effective?

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

The centre's statement of purpose was reviewed. Action is required to ensure compliance with standard 17.6 (Ref; section 2, page 77) of the Day Care Settings Minimum Standards (January 2012). Examples of information requiring amendment:

- "35 staff employed"
- "daily service offered, five days per week"
- "the volume will be 8 places per day"
- "Jacqueline Timoney – Care Co-ordinator" should be named as registered manager
- "Mr Gerard Harkin appointed to manage the organisation should be named as responsible person"
- Organisational structure – tiers include other services provided by Strabane and District Caring Service

A review of three service users care records established that care records were maintained in accordance with legislation and minimum standards for the day care setting. Care records reviewed included; life histories, comprehensive needs assessments which were complemented with risk assessment, person centred care plans, and daily/regular statement of health and well-being of the service user. Care records reviewed also reflected multi-professional collaboration in planned care. One matter requiring attention related to the provision of formal care reviews as two of the three care records examined evidenced that reviews were last held during 2015. The Day Care Settings Minimum Standards (15.3) recommends that a formal care review should take place at least once per year.

Records were observed to be safely and securely stored in accordance with data protection.

The individual service user agreement template developed was reviewed and discussed with the registered provided. Further work is required as the agreement developed did not fully reflect the criteria as set within standard 3.1 of the Day Care Settings Minimum Standards (2012). This recommendation is stated for a second time; cited within section 6.2 of this report.

The registered manager undertakes an audit of care records and when necessary develops an action plan to address any issues arising.

The registered provider advised that systems were in place to ensure effective communication with service users, their representatives and other stakeholders. For example, service user meetings, daily informal discussions, service user guide and monthly monitoring visits. In addition the registered manager and responsible person operate an “open door” policy to everyone.

Areas of good practice

There were examples of good practice found in relation to maintenance of care records, person centred care plans and communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas identified areas of improvement related to the provision of service user formal care reviews and further development and distribution of service user agreements.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Discussion with service users and staff alongside observation of interactions at various times during the inspection demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence.

Service users were enabled and supported to engage and participate in meaningful activities, social events, work and education opportunities, hobbies and interests. One service user explained that she would not have opportunity at home to do the variety of activities which are provided within the day centre.

Staff who spoke with the inspector confirmed that the care provided was compassionate and that service users were always consulted about their preferences likes and dislikes. This was reflected within care records examined. Staff explained the range of activities provided for example; wood work, arts/crafts, board games, making and selling crafts for fund raising, social outings with dinners out and visits to local cafe, swimming and bowling. Records of activities provided were maintained.

Service users confirmed that their views and opinions are taken into account in all matters affecting them and that meetings held with staff were good as they were kept up to date about the service.

Service users are provided with information in a format that they can understand which enables them to make informed decisions regarding their life, care and treatment. For example; provision of person centred care plans, organised meetings and care review.

Staff advised the inspector that service users are always listened to, valued and communicated with in an appropriate manner.

Discussion with staff and service users, observation of practice and review of care records confirmed that service users were enabled, supported and encouraged to engage and participate in a wide range of meaningful activities and social events. No issues or concerns were raised or indicated by service users or staff.

Areas of good practice

There were examples of good practice found in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 registered manager of the day care setting is also registered manager of Strabane District Caring Services domiciliary care service.

The day setting's RQIA registration certificate was up to date and displayed appropriately.

There was a range of policies and procedures in place to guide and inform staff. Policies were held electronically with some in hard copy format and were available to staff.

Policies provided for inspection were noted to be reviewed on a regular basis. However, improvement is necessary, as cited within section 6.4 of this report, in relation to the provision of a policy on restriction and seclusion and review/revision of the Selection and Recruitment policy as discussed.

Staff have individual, recorded formal supervision at least every three months and annual appraisal.

Staff meetings were being held monthly with minutes recorded. Improvement in the agenda and minutes was recommended at the previous care inspection. It was noted that limited information was recorded. Improvement in this regard has been stated, as cited within section **6.2 of this report**.

Examination of records evidenced that no complaints had been received since the previous care inspection. The complaints template returned to RQIA by the registered manager confirmed that the day setting did not receive any complaints from 1 April 2016 to 31 March 2017. This record was countersigned by the care co-ordinator during the inspection.

Information on how to complain was reflected within the Statement of Purpose and Service User Guide. Service users demonstrated awareness on how to complain if they had any issues or concerns. A system for recording complaints was in place.

Review of accident records evidenced that no reportable accidents had occurred which require to be notified to RQIA.

There were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. For example; audits of care records, infection prevention and control/environment, annual quality reporting, monthly monitoring visits, staff supervision arrangements and staff training.

Monthly monitoring visits were undertaken each month with reports available for inspection. cursory view of reports reflected the conduct of the setting as set within regulation 28 of the Day Care Settings Minimum Standards (2012).

The responsible person advised that there were no adult safeguarding issues reported since the previous inspection. No evidence of such issues was reflected within the review of records undertaken.

Records of one incident relating to misconduct by an employed day care staff member two weeks prior to the inspection was discussed with the registered provider. This matter had been promptly investigated by the registered manager. This incident had not been notified to RQIA, commissioning trust or Northern Ireland Social Care Council (NISCC). Failure to notify RQIA was a breach of regulation 29 (1) (g) of The Day Care Setting Regulations (Northern Ireland) 2007. The registered provider explained that an action plan had been developed to address issues and readily agreed to make retrospective notification to RQIA, commissioning trust and NISCC. Notification of this incident was received at RQIA following the inspection.

Discussion with the registered person and review of one reported incident revealed that there was a disclosure made which indicated a breach of confidentiality. Action is required to ensure compliance with regulation 19 (5) of The Day Care Setting Regulations (Northern Ireland) 2007. The day centre had a policy on Confidentiality.

Staff who spoke with the inspector confirmed that good support was provided by the registered manager through the provision of staff supervision, meetings, appraisal, training and the "open door" arrangement in place.

Areas of good practice

There were examples of good practice found in relation to staff supervision, monthly monitoring of the service and evidence of good team working relationships.

Areas for improvement

Areas identified for improvement included notification to RQIA regarding misconduct and confidentiality.

	Regulations	Standards
Total number of areas for improvement	2	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gerald Harkin, registered person, 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

Area for improvement 1 Ref: Regulation 26 (4) (a) Stated: First time To be completed by: 13 February 2018	<p>The registered person shall make suitable arrangements to minimise the risk of cross contamination of infection and toxic conditions and spread of infection within the day care setting.</p> <p>Action in this regard relates to ensuring that an acceptable standard of cleanliness and hygiene within the service user washroom is essential to minimise the risk of cross contamination of infection.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Procedures have been put in place to ensure the Day Care centre is tended to by the cleaner prior to service users arrival every morning.</p>
Area for improvement 2 Ref: Regulation 26 (4) (iv) Stated: First time To be completed by: 19 February 2018	<p>The registered person shall make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Procedures have been put in place to ensure fire equipment is tested at regular interval by a designated person.</p>
Area for improvement 3 Ref: Regulation 26 (4) (a) Stated: First time To be completed by: 19 February 2018	<p>The registered person shall ensure that a current written fire risk assessment which is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A fire risk assessment has been completed and all necessary actions have been implemented</p>
Area for improvement 4 Ref: Regulation 29 (1) (g) Stated: First time	<p>The registered person shall give notice to RQIA without delay of the occurrence of any allegation of misconduct by the registered person or any person who works in the day care setting.</p> <p>Ref: 6.7</p>

<p>To be completed by: 14 February 2018</p>	<p>Response by registered person detailing the actions taken: The registered person will ensure any allegation of misconduct will be reported and notified to RQIA within the required timeframe.</p>
<p>Area for improvement 5 Ref: Regulation 19 (5) Stated: First time</p>	<p>The registered person shall ensure that information about service users is handled confidentiality and only disclosed to those persons who need to know. Ref: 6.7</p>
<p>To be completed by: 13 February 2018 and ongoing.</p>	<p>Response by registered person detailing the actions taken: The registered person has and will ensure that all service user information is handled confidentially. All staff have received an update on the confidentiality policy and social media policy.</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>	
<p>Area for improvement 1 Ref: Standard 23.7 Stated: Second time</p>	<p>The registered provider shall improve the staffing record to detail who is working and in what capacity, including who is in charge. Ref: 6.2</p>
<p>To be completed by: 19 February 2018</p>	<p>Response by registered person detailing the actions taken: The registered person has updated the staffing record to include who is working, their capacity and who is on charge.</p>
<p>Area for improvement 2 Ref: Standard 23.8 Stated: Second time To be completed by: 31 March 2018.</p>	<p>The registered provider should improve the staff meeting agenda and minutes. Discussion with staff regarding safe, effective and compassionate care would ensure any potential for improvement is identified with staff and if leadership roles and responsibilities could be improved or developed. Ref: 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: The staff meeting agenda has been updated to include discussion regarding safe and, effective and compassionate care. Where improvements are required staff will be identified to carry out the roles.</p>
<p>Area for improvement 3 Ref: Standard 21.4 Stated: First time</p>	<p>The registered person shall ensure that mandatory training in fire safety and first aid is provided Ref: 6.4</p>
<p>To be completed by: 30 April 2018</p>	<p>Response by registered person detailing the actions taken: Fire safety training has been delivered to all day care staff on the 20th March.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 3.1</p> <p>Stated: Second time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered provider should implement a service user's agreement for all current service users. The agreement should also be in place for all new service users, prior to them commencing in the day care setting.</p> <p>Ref:6.2</p> <p>Response by registered person detailing the actions taken: All service user agreements have been updated. The registered person will ensure all new service users will be in place prior to service commencing.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered provider should implement a service user's agreement for all current service users. The agreement should also be in place for all new service users, prior to them commencing in the day care setting.</p> <p>Ref:6.2</p> <p>Response by registered person detailing the actions taken: All service user agreements have been updated. The registered person will ensure all new service users will be in place prior to service commencing.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall ensure that service users have a formal care review at least once a year.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All required service user reviews have been scheduled and will be carried out at least annually.</p>

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



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