

Unannounced Care Inspection Report 19 November 2018



Strabane and District Caring Services

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

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This Day Care Setting provides care, support and day time activities for up to ten service users who have physical health, sensory and / or have an acquired brain injury. The day care setting is open three days per week on Monday, Wednesday and Friday.

3.0 Service details

Organisation/Registered Provider: Strabane and District Caring Services	Registered Manager: Jacqueline Timoney
Responsible Individual(s): Mr Gerard Mario Harkin	
Person in charge at the time of inspection: Jacqueline Timoney	Date manager registered: 16/10/2009
Number of registered places: 10	

4.0 Inspection summary

An unannounced inspection took place on 19 November 2018 from 11.15 to 15.00.

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: staffing; training; infection prevention and control; risk management; the environment; some aspects of service users individual care records; communication between service users and staff; ethos of the day care setting, listening to and valuing service users; taking account of the views of service users; promotion of person centred care; and maintaining good working relationships.

Areas requiring improvement were identified in relation to: staff induction; the trainer's qualifications; review of service user's individual records; frequency of supervision and the monthly monitoring reporting.

Service users were asked to describe what they felt about the service, they gave positive feedback about the service and what it meant to them for example: "staff help us all the time"; "were all together"; "we're like a wee family" and "we stick up for one another".

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Timoney, 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 12 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 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 no incidents had been notified to RQIA since the last care inspection in February 2018
- Unannounced care inspection report and quality improvement plan from 12 February 2018

During the inspection the inspector met with the manager and one staff member. The inspector greeted five services users in the group setting and discussed with them their views about this day care setting.

The following records were examined during the inspection:

- Three service users' care records
- A sample of service users' daily records
- Two individual staff personnel records
- The day centre's complaints/compliments record from April 2017 to November 2018
- Staff roster information from August to October 2018
- Fire safety precautions
- A sample of service users activity plans for 2018
- A sample of minutes of service users' meetings for February, April and July 2018
- A sample of minutes of staff meetings from February 2018 to September 2018
- The day centre's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports from August 2018 to October 2018
- Staff social media Policy and Procedure, 2018
- Confidentiality Policy
- The Statement of Purpose, September 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 at the time of writing this report.

Ten service user and/or relatives' questionnaires were provided for distribution; three 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 at the time of writing this report.

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, and staff for their contribution to the inspection process.

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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 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 12 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 26 (4) (a) Stated: First time	<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</p>	Met

	contamination of infection. Ref: 6.4	
	Action taken as confirmed during the inspection: The inspection of the service users' bathrooms verified the bathrooms were clean on the day of the inspection and no further areas for improvement were identified.	
Area for improvement 2 Ref: Regulation 26 (4) (iv) Stated: First time	The registered person shall make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector reviewed a sample of the fire safety records kept in the setting which confirmed that procedures were in place to ensure fire equipment was tested at regular intervals.	
Area for improvement 3 Ref: Regulation 26 (4) (a) Stated: First time	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. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector confirmed there was a current fire risk assessment in place and the action plan was being addressed by the organisation.	
Area for improvement 4 Ref: Regulation 29 (1) (g) Stated: First time	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. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The inspector confirmed by reviewing the incidents, accidents, complaints records, and	

	discussion with staff that incidents had been reported to RQIA as defined in the regulation since the last inspection.	
Area for improvement 5 Ref: Regulation 19 (5) Stated: First time	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	Met
	Action taken as confirmed during the inspection: The inspector confirmed during discussion with staff and review of the confidentiality policy and social media policy that staff had been reminded and given clear direction in this regard since the last 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: Second time	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	Met
	Action taken as confirmed during the inspection: The staff rota was inspected and this showed who was working daily and who was in charge.	
Area for improvement 2 Ref: Ref: Standard 23.8 Stated: Second time	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	Met
	Action taken as confirmed during the inspection: The inspection of the staff meeting agenda and minutes showed they had been improved.	

<p>Area for improvement 3</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that mandatory training in fire safety and first aid is provided</p> <p>Ref: 6.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Fire safety training was delivered to staff on 20 March 2018. Staff had received first aid training in either 2017 or 2018 and this was not due for renewal at the time of this inspection.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 3.1</p> <p>Stated: Second time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The written agreement had been updated and was included in current service users files inspected.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspection of three files showed the care plans had been subject to review and a formal care review had taken place.</p>		

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 staffing rota showed at all times, sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users. On average the rota showed two staff and the manager were working together to support and provide care daily for five to ten service users. Overall the staffing arrangements presented as adequate taking into account the size and layout of the premises, the number of service users in the setting, fire safety requirements and the service as described in the statement of purpose. In the managers absence the rota showed the responsible person covered the management role and responsibilities.

Two new staff had commenced in the setting since the last inspection. The inspection of their individual staff files found they did not contain an induction to the day care setting nor an introduction to their role and responsibilities when working as a care worker in the day care setting. The importance of providing an induction for staff that effectively introduces them to the setting and ensures they are introduced to safe practices and procedures in the setting was discussed with the manager. An improvement was made in this regard and this is stated in the quality improvement plan (QIP) in this inspection report.

On the day of the inspection the discussion with staff and observations of the staff supporting service users did not reveal any areas for improvement regarding their practice, however the manager was reminded supervision, support and training for staff should ensure staff are working safely and effectively in this setting.

The mandatory staff training record and the record of other appropriate training provided to staff that was relevant to their roles and responsibilities was inspected. This showed staff who had been in post over a year had received all mandatory training. Staff who had commenced in 2018 had received some training and the manager discussed plans were in place to complete the training such as COSHH training. The records showed the manager and responsible person were delivering mandatory training, the manager was asked to provide evidence that they had the right qualifications and knowledge to deliver the training which should be recorded in the settings training records. Post inspection the manager forwarded train the trainer evidence for manual handling and administration of medicines. Evidence of train the trainer was not provided for infection prevention and control or safeguarding training. An improvement is made in the QIP in this inspection report to ensure the record of trainer's qualifications is available for future inspections.

No notifications had been forwarded to RQIA since the last inspection. The inspection of the settings accidents and incidents records did not reveal any concerns regarding reporting and recording of accidents or actions taken. The settings record allowed for accidents/incidents and notifiable events to be effectively documented. The format also prompted a review of the incident to examine if any action should be implemented to prevent reoccurrence.

Restrictive practices were discussed with staff which revealed wheelchair straps are used in the setting. This was documented in their individual records. During observations the service users were able to adjust the belt and staff were monitoring the service users to ensure they were comfortable, safe and not restricted unnecessarily.

The environment was observed during the inspection and this found: infection prevention and control measures were in place; the environment was safe, clean & tidy; furniture, aids & appliances presented as fit for purpose; the group room used by service users did not present as overcrowded, service users could move around freely; and fire exits were not obstructed.

The fire safety arrangements were sampled, this revealed the last fire drill was undertaken in October 2018, and no improvements were noted. The fire risk assessment was undertaken on 20 February 2018 and was due for review in February 2019. The action plan was being addressed.

Discussion with the staff revealed in their opinion care was safe in the day care setting. They said the service users know to come to staff if they need support or help, they said in their opinion service users are well looked after, staff are observant of risks and they were confident they were being supported by an experienced manager. Staff verified they had received training to ensure their practice was safe such as food hygiene training, health and safety training, first aid, and service user specific training such as cognitive stimulation and training in relation to brain injury. Staff also identified they had commenced QCF level three which was supported by the manager.

Discussion with service users revealed they felt the day centre was a safe place for them to be. They described staff were always there to help them; they also identified there was health benefits for them, in particular their mental health. They identified it was good for them to have somewhere to help them with their problems.

Three service users and/or relative's 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 the inspection in relation to staffing, training, infection prevention and control, risk management and the day centre's environment.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to staff induction and the trainer's qualifications.

	Regulations	Standards
Total number of areas for improvement	0	2

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 setting's 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 was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care and support in accordance with their Statement of Purpose.

Three service users' individual files were inspected. They contained referral information; service user agreements, day care setting assessments; individual care plans with activity plans; and relevant assessments such as handling risk assessments; nutritional risk assessments, continence and transport assessments. Care plans inspected detailed how the assessed needs would be met in day care and they had been reviewed in the last 12 months.

The inspection of service user care records noticed the organisation of service user's records, signing and dating of records could be improved. The manager was asked to review the current structure and ensure all service users' individual records are compliant with standard 7. Individual files should contain the most recent records, the records should be easily accessible and should be signed and dated by staff, the manager and the service user to verify documentation is current and agreed. An improvement is made in this regard and this is detailed in the QIP in this inspection report.

Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs and their care plans. Staff discussed they felt care and support was effective for those who attend the day centre. They identified the service users were in a safe environment where they can socialise; they get help from staff; learn new skills such as making craft items, which the service users request on an ongoing basis; go on outings to the allotment; get out and experience fresh air while being supported; and get an opportunity to go to the gym. The staff said they believe these factors contribute to improvements in service user's physical and mental wellbeing.

Discussion with service users revealed they were confident that they can talk to staff openly if they were worried or concerned about anything. They said staff give them advice and have given them one to one time if they need it. Service users knew there was a care plan that directed their care and they said they were involved in the writing and agreement of the plan.

Three service users and/or relative's returned questionnaires to RQIA. The response 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 aspects of care records, audits, communication between service users and staff.

Areas for improvement

One area for improvement was identified in relation to the review of service user’s individual records.

	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 staff’s interactions with service users were observed, staff were noted to be compassionate, caring and their care and support provided was timely. The room had service users’ craft work on display which made the room personal to them. Service users said they enjoyed the craft work they took part in and their activity choices, ideas and preferences were being facilitated by staff. During the inspection the staff was observed offering the service user’s choice, protecting service user’s dignity and respecting their choices and preferences during the inspection process.

On the day of inspection, a variety of different craft activities were supported by staff. Service users said they were enjoying the activities and they were participating in activities of their choice. The service users explained they were currently learning to quilt but also made jewellery and enjoyed knitting. Observation of service users concluded those present participated enthusiastically in the activities provided.

Service users catering needs were met in the day care setting, they were able to access a hot drink or water in the day room. During lunch time service users were served a hot dinner and the food presented as appetising. Service users praised the quality and choice of food and the support from staff that ensured they were comfortable and their needs were met during lunch time meals.

During the inspection the inspector observed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Overall service users spoke positively about the staff.

Staff described there was formal arrangements in place that ensured service users were consulted and their views and opinions were sought such as group and individual service user meetings, and the annual survey. Staff also stated service users were consulted informally on a daily basis which was consistent with the feedback from service users.

Samples of minutes from service user meetings were reviewed for February, April and July 2018. The minutes reflected service users being consulted about activities, outings and meals with positive feedback provided.

Results from the annual service user/relative quality assurance survey showed that all respondents gave positive feedback. The responses confirmed that the programme of activities was consistent with their choices.

Discussion with service users revealed they felt the care provided was compassionate. They said staff discuss activities with them and assist them to go out safely with support, which otherwise they may not get a chance to do.

Staff spoken with reflected the importance of ensuring service users are happy. They discussed they need to be understanding, have a listening ear, protect service users confidentiality and discuss concerns as they arise with the management team. Staff felt service users could talk openly with staff and in their opinion service users feel comfortable in staff company. Lastly they said the day centre is relaxed and friendly. This feedback was corroborated during observations of care when staff were observed to be friendly, caring and stimulating service users’ interests, communication and confidence. This approach aimed to support and encourage service users to remain active and independent, which is a positive outcome of attending this day care setting.

Three service users and/or relative’s returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found during the inspection in relation to the 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 in this domain 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 Statement of Purpose for the day care service was reviewed. This was updated by the provider following the inspection to include the needs that can be met in the service and referral criteria. A copy was forwarded to RQIA following the inspection and was found to be satisfactory. The document describes the nature and range of the service to be provided and addresses the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

The registration certificate was up to date and displayed appropriately.

During the discussions with staff and observation of care and support provided to service user’s it was noted staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the manager and staff during the inspection confirmed that they understood their role and responsibilities under the legislation.

A review of governance records evidenced that staff had not received individual, formal supervision at least quarterly, an improvement is made in this regard in the QIP for this inspection. Staff did identify that they had received support and guidance from the manager and responsible person as needed and the manager had an open door for them to seek support.

Staff gave positive feedback in respect of leadership and good team working, they confirmed they could access training as needed and were being encouraged to seek opportunities to learn new skills that the service users can benefit from. Staff stated they were happy in their job.

There was evidence that staff meetings had been held on a three monthly basis since the last inspection and records were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection.

The inspector inspected the monitoring arrangements to review compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the registered provider and were available for inspection. These records showed that at appropriate intervals the care was monitored, audited and reviewed in order to identify and act upon any improvements required. The monthly quality monitoring reports reviewed practices using a different theme each month which varied what was monitored, however the reports reviewed for September, October and November 2018 did not report specifically on the conduct of the setting and an improvement is made in this regard in the QIP for this inspection. The reports did adhere to RQIA guidelines in relation to engagement with service users, staff and professionals, with positive feedback recorded.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in an organised manner that was easily accessible by staff in the office. The inspector reviewed the day care setting's social media policy and confidentiality policy which provided evidence improvements had been made since the last inspection. Staff confirmed these policies had been discussed with them to ensure they understood the importance of keeping service user's information and identity confidential.

The inspector discussed arrangements in place that related to the equality of opportunity for service users and the importance of the staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training programme.

The inspector noted from service users individual records, staff training records, meeting records and from discussion that the day care setting had promoted service user involvement and person centred care planning. The inspection concluded effective communication; service user involvement; individualised risk assessment and disability awareness was particularly promoted in this day care setting.

Discussion with service users and staff provided evidence that they felt the care provided was well led.

Three service users and/or relative's returned questionnaires to RQIA. The responses indicated that they were satisfied that the care provided was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to promotion of person centred care and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified with regards to the frequency of supervision and the monthly monitoring reporting.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Timoney, 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 28 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2019</p>	<p>The registered person shall improve the monthly quality monitoring visit and reports to include commentary on the conduct of the setting as monitored at each visit.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The monthly quality monitoring visit and reports have been updated to include commentary on the conduct of the setting at each visit as discussed at inspection.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2019</p>	<p>The registered person shall put in place adequate arrangements to ensure all new staff to the day care setting receives an effective induction that introduces them to the setting and ensures they are introduced to safe practices and procedures used in the setting. The induction should also encourage staff to review their knowledge, competency and potential gaps for further training, for example the NISCC induction standards.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The current induction programme for new staff to the day centre has been updated in line with NISCC induction standards. As discussed at inspection the new induction programme is to be structured in a formal format.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2019</p>	<p>The registered person shall ensure the training records detail the name and qualifications of those who are delivering training and the content of the training programme.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Training records have been updated and sent to inspector following inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2019</p>	<p>The registered person shall review the current file structure and documents in the service user's individual files. The content should be compliant with standard 7, in particular the individual files should contain the most recent records; the records should be easily accessible; they should be signed and dated by staff, the manager and the service user to verify documentation is current and agreed.</p> <p>Ref: 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2019</p>	<p>Response by registered person detailing the actions taken: All service user files and been reviewed and re-organised into a manageable structure for staff, managers and inspectors to view at ease.</p> <p>The registered person shall improve the frequency of individual, formal supervision for all staff. This should take place at least quarterly.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Day care staff supervision has been scheduled to increase the frequency of supervision to at least quartly.</p>

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



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