

# Unannounced Care Inspection Report 15 and 24 August 2016



## Baloo Training and Resource Centre incorporating 'Elderly Learning Disability Service'

Type of Service: Day Care Setting  
Address: 94 Newtownards Road, Bangor, BT19 1XZ  
Tel No: 02891450505  
Inspector: Suzanne Cunningham

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Balloo Training and Resource Centre took place on 15 August 2016 from 09.45 to 16.45 and in 'Elderly Learning Disability Service' (ELD) on 24 August 2016 from 09.45 to 10.45.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

The inspection of six service users' individual care files; staff records such as duty rotas, supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Balloo and ELD were observed responding to a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety. The premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe?" concluded the minimum standards inspected were being met on the day of the inspection. Two recommendations are made, to review the fire risk assessment for Balloo and ensure the recruitment check list is evidenced as complete prior to commencement of staff.

### **Is care effective?**

The inspection of six service users individual care records; incident recording; complaints recording; discussion with the service users; and staff concluded care was being delivered at the right time, in the right place, and with the good outcomes. Individual care needs had been assessed and the outcome was written into a plan. Review arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective?" concluded the minimum standards inspected were being met on the day of the inspection. Two areas of improvement were identified regarding improving the content of the service users individual care plans and including a photo of each service user in their individual file.

### **Is care compassionate?**

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support.

Overall the inspection of "is care compassionate?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified regarding this domain.

## Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. Documents and records such as audit records, monthly monitoring reports and evidence of staff support demonstrated there were arrangements in place to promote quality improvement in the setting. Inspection of the monthly monitoring records identified the frequency of visits and reporting was not monthly. There was no arrangement in place to vary this frequency with RQIA. This should be increased to achieve compliance with regulation 28, which states the visit and reporting should occur monthly.

Overall the inspection of “is care well led?” concluded the minimum standards inspected were being met on the day of the inspection. One area for improvement is required to increase the frequency of monthly monitoring visits and reporting.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Patricia McManus, 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.

### 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation / registered provider:</b> South Eastern HSC Trust/Mr Hugh McCaughey	<b>Registered manager:</b> Mrs Patricia McManus
<b>Person in charge of the day care setting at the time of inspection:</b> Patricia McManus	<b>Date manager registered:</b> Mrs Patricia McManus, application received and registration pending.
<b>Categories of care:</b> DCS-LD, DCS-LD(E)	<b>Number of registered places:</b> 87

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and South Eastern Health and Social Care Trust
- Incident notifications which revealed eight incidents had been notified to RQIA since the last inspection on 01 & 05 February 2016
- Unannounced care inspection report 01 & 05 February 2016 which resulted in no recommendations or requirements.

During the inspection the inspector met with:

- The manager
- The senior day care carer
- Eight staff
- 28 service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Balloo. Two were returned by service users, three by staff and two by relatives.

The following records were examined during the inspection:

- Six service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had nine entries recorded since 01 April 2016
- A sample of incidents and accidents records from February to August 2016
- The minutes a service user meeting held on 27 July 2016
- A sample of the team meeting minutes for March, April, June and July 2016
- Staff supervision dates for 2015 & 2016
- Four staff records
- One competency assessment for the senior day care carer
- Four Monthly monitoring reports for March, April, May and July 2016
- Staff training information for 2015 and 2016
- A sample of the weekly staff rota for July and August 2016
- A sample of the Fire safety records for 2016
- Statement of Purpose
- Service Users Guide.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 01 February 2016 & 05 February 2016

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 4.2 Review of requirements and recommendations from the last care inspection dated 01 February 2016 & 05 February 2016

There were no requirements of recommendations made as a result of the last care inspection.

## 4.3 Is care safe?

Discussion with Patricia, the manager revealed she assessed the day centre staffing arrangements were adequate to staff each activity room and meet the needs of the service users attending Balloo and ELD. Observation and review of the staffing rota confirmed there were no areas not staffed or service users' needs not being met. However discussion with staff and observation did identify staff were continuously responding to needs and there was little opportunity for individual work or individual attention for the service users attending in Balloo and ELD.

Since the last inspection Patricia, the current manager had been recruited and commenced her role as manager. At the time of this inspection she had submitted an application to register with RQIA as manager of Balloo & ELD. On receipt of the application RQIA had commenced the registration process; this had not been concluded at the time of this inspection. Nevertheless the impact of the new manager presented as positive. For example she described during her induction she had spent time observing how staff cared for the service users in the two settings and how the staff used the space available. Patricia had subsequently reconfigured the use of some activity spaces, including where some activities were delivered. This had resulted in more space for service users in some rooms, space was made available for service users who were more independent and quiet/ low stimulation space was available for service users who use this as part of their behaviour management plan.

Discussion with staff members on duty and the manager revealed on the days of the inspection there was staff on annual leave and four staff were absent from work for other reasons. To ensure staffing numbers were safe and responsive to need agency staff were being used to cover staff on sick leave. The staff and manager said the number of staff working with the current numbers of service users was a safe ratio. They confirmed they were meeting the service users' assessed needs; and delivering care as described in the care plans. This was confirmed through observation of care. Staffing numbers had also been monitored with staff in team meetings and in monitoring visits. This had not revealed any concerns. In summary the staffing arrangements presented as safe. Nevertheless, when the full staff team is working, staff will have more opportunity to actively review and develop their service to improve outcomes for service users in the short and longer term.

The staffing rota was inspected. This detailed the staff on duty each day, where they will be located and their role. The record was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity.

The staff on duty during the two days of inspection discussed the service users they were looking after. They gave a clear description of their needs, how those needs will be met. They knew who may need additional time to manage their behaviour and mood; and gave examples of how they respond in a safe way to calm and redirect service users. Overall the staff described their aim was for service users to enjoy their time in day care by undertaking stimulating activities, for service users to feel comfortable and safe in the group environment. The staff said if they had any concerns regarding safe practice they would discuss this with their

colleagues or the management team; whom they said were accessible and supportive. Staff said service users are encouraged to give their views, opinions and preferences. In summary the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Four staff records including one competency assessment was examined as part of this inspection. The competency assessment provided assurance the staff member had the skill, knowledge and experience to act up in the manager's absence. However this had not been reviewed with the senior day carer since 2014. Advice was given to the manager to ensure this is regularly reviewed so it remains current and relevant. The staff files did not contain confirmation that the staff working had met the recruitment checklist, as described in standard 20.2. This includes confirmation they have the appropriate qualifications, experience, employment history, references, health checks and criminal records checks to commence employment in this setting. It is acknowledged this process is undertaken by the personnel staff in the trust however, confirmation that all checks are satisfactory prior to employment should be stored on workers files. A recommendation is made in this regard.

Staff supervision arrangements were inspected and the frequency of the supervision meetings between staff and their supervisor in 2015 and 2016 was at least one supervision session no less than once every three months. In most cases it was more than this minimum frequency. In discussion staff confirmed the frequency of supervision and described the meetings as supportive.

The staff training record was inspected for 2016. The staff mandatory training and training specific to service users' needs record detailed they undertook a range of training such as recording; fire safety; medication training; and manual handling. This record and discussion with the manager confirmed there is adequate arrangements in place for staff to receive appropriate training to safely undertake their role and responsibilities in this day care setting in 2016.

The staff discussion revealed they were familiar with the specific systems that assure service users safety in the setting. Examples of documentation were the assessment of need and risk, moving and handling assessments, Speech and Language swallowing assessments and incident and accident recording. Samples of these records were inspected and they provided examples of when staff had safely identified and met service user's welfare and safety needs.

This day care setting provides activity based care for service users who have a diagnosis of a learning disability. Their needs and plans can range from intensive support to working in large groups with minimal support. However, all staff place a strong emphasis on empowering individuals to make safe choices and experience the benefits of social interaction between service users and staff. Service user's independence is also promoted by staff throughout this setting and this was evident in all service users plans inspected.

The care is delivered in a range of rooms. Each room is allocated to a specific group to undertake activities. There is also a dining area and bathrooms, which were all observed as accessible and an outside space including a gardens project. The day centre environment presented as functional for this group, warm, comfortable and service user's movement was not restricted in the main part of the setting and ELD. In the behaviour support unit there is restricted access to the unit. This is to stop others getting in as this may disrupt service users in their own space in this part of the setting. However we were assured service users can freely leave this part of the setting.

The environment had been decorated with service users' art, crafts and seasonal displays. This gave the building a homely feel. There were no obvious hazards internally or externally that were noted. Overall the inspection of the premises and grounds identified they presented as suitable for their stated purpose. Nevertheless this is an old building that will continue to benefit from an ongoing refurbishment programme. The manager gave assurances that improvement works are continuously reported to the trust as identified and required.

The fire records were sampled for July and August. The weekly fire alarm checks had been recorded by staff and did not reveal any outstanding issues at the time of this inspection. The last fire evacuation was recorded on 16 December 2015 and this did not identify any concerns or improvements regarding the evacuation process. The fire risk assessment was reviewed; this had been completed in 2014. This did not identify any risks not managed however, good and safe practice promotes this should be reviewed annually. A recommendation is made in this regard.

28 service users were spoken to about day care during this inspection and three were specifically asked their opinion regarding is care safe in this day care setting. They described this was a safe place for them to come to and the staff helped them.

Two service users completed questionnaires with the inspector regarding this inspection. They identified they felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they knew what to do if the fire alarm sounded and they could tell someone if they were worried about someone being treated badly. They commented "I am safe enough; I know where the toilets and drinks are". "I'm safe in the portacabin".

Two relatives returned questionnaires. They responded their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Three staff members returned questionnaires. They responded the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

### Areas for improvement

Two areas for improvement was identified regarding the review of the fire risk assessment and ensuring the recruitment check list is evidenced as complete prior to commencement of staff.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
-------------------------------	----------	-----------------------------------	----------

#### 4.4 Is care effective?

The content of the Balloo incorporating ELD statement of purpose was sampled. The content of this document was consistent with the registration details held by RQIA. The document described the aim of this service as "providing adults with learning disability a quality package of day care in partnership with other agencies, to encourage independence with appropriate support and to utilise all opportunities for integration into the community". The inspection of six individual service user files evidenced the description of the service in the statement of purpose was being put into practice. For example each service users' needs had been assessed with information from service users, relatives or representatives and other professionals involved

with the service users. This had been used to draw up a plan, if possible with the service users; which had been reviewed at least annually.

The planning and review recording in the six files was presented in a service user friendly way that would be considered "easy read". For example they use pictures, symbols and easy read words. This setting delivers a review with each service user that is led by the needs and views of the service user. This may include the service user or staff recording on a flip chart to help participants clearly see what has been said and what has been agreed. This process aims to empower the service users to be involved in identifying their progress and setting objectives they would like to achieve in the day care setting. The examples inspected did focus on promotion of service user's independence through activities and communication.

Discussion with staff revealed they were aware the service users' self-awareness, communication needs and cognitive abilities vary in each room. They identified this can impact on what activities they can plan for. Observations of care being given revealed all service users were encouraged to be involved in the activities delivered. To promote inclusion some service users were given more individualised support, this presented as an effective way to meet their needs and respond to the service user's preferences and objectives.

Discussion with staff in ELD revealed one staff member had recently undertaken a training course regarding supporting people who have a learning difficulty and dementia. She described using the information she had gained to make a difference to the way staff were responding to service users with dementia. This was evidenced when examining one service user's assessment and care plan. Staff were focusing on supporting and enabling the service user to feel settled and safe when they showed signs of confusion. This was improving outcomes for the service user when attending the ELD service. The staff member had also arranged to discuss their training with the team in Balloo and ELD to assist them in adapting to the needs of service users who show signs of dementia. This was a clear example of one staff member planning to improve other staffs knowledge and effective care in Balloo and ELD.

The record keeping formats stored in six service users' individual files were produced and completed in accordance with legislation, standards and best practice guidance. For example risk assessments had been completed when necessary, and were reviewed at least annually. The care plans incorporated the outcome of the assessment and the risk assessment. It was noted the specific actions that staff need to take to meet identified needs in the care plan should be improved; and they should include service user's personal objectives. A recommendation is made in this regard. Furthermore, the service user's individual files did not contain a photo of each service user or written evidence this had been refused. A recommendation is made in this regard.

Two service users' questionnaires identified they were getting the right care at the right time; staff were communicating well with them; their choices are listened to; they choose the activities they take part in; and have been involved in the annual review of their day centre placement. One service user commented "I'm getting looked after well, (workers name) helps look after us here".

Two relative's questionnaires responded their relative gets the right care, at the right time, in the right place; they are satisfied with communication with staff; their awareness of their relative's needs; preferences and choices and that these are incorporated into the care they receive; and they are involved in their relative's annual review.

Three staff questionnaires identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

### Areas for improvement

Two areas of improvement were identified regarding improving the content of the service users individual care plans and including a photo of each service user in their individual file.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
-------------------------------	----------	-----------------------------------	----------

#### 4.5 Is care compassionate?

This inspection included observation of the morning and afternoon activities in Balloo and service users arriving for day care in ELD. This provided evidence the staff were responding to and supporting service users in a compassionate way. For example the staff communicated with the service users individually and in groups, in a respectful way that protected service user's dignity and privacy. Some service users communicated using Makaton, signs, symbols and body language. Staff presented as knowledgeable regarding the best way to communicate with service users. Service users presented as relaxed when communicating with staff. The staff were observed encouraging service users to be involved in their day care and promoting their independence.

Comments made by service users were "the food is good"; they described activities they took part in were their choice and they said they are happy in Balloo and ELD.

This setting provided evidence they had communicated and consulted with service users regarding the care they receive. For example service user meetings for the whole setting. The meeting minutes detailed they discussed and were informed about staff changes; inspection, NISCC, health and safety, audits that happen to monitor and improve care; complaints and compliments; and service user's experiences. Each room had also held monthly meetings where representatives who attended the service user meeting update those who were not in attendance. They had discussed room issues and planned activities for the group. This had resulted in a summer programme of activities that was innovative and creative. For example they had events such as a live band and bbq; a summer holiday sing along; game and toy workshops; and 60's themed disco. The new activity plan for the day centre following consultation included Ark farm and autumn roadshow; pumpkin carving and the Halloween disco; Harry Potter themed Boccia and Quidditch with a Hogwarts banquet. Discos, Boccia and a bbq are not unusual activities for a day centre. However, including service user's interests and ideas to theme the large setting activities is assisting service users to be fully involved. It is also motivating for service users to see their ideas can be brought to life in an exciting and interesting way.

Two service users' questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions. One stated "I have got friends here that I work with. That helps me feel good about myself". Another stated "I can talk to staff".

Two relative's responded in questionnaires that their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns and their relative is treated well.

Three staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon. One staff member wrote “Monthly group meetings are held with service users, this allows them to express what is and isn’t working within the groups and suggest how we can change that”.

### Areas for improvement

No areas for improvement were identified regarding this domain.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

#### 4.6 Is the service well led?

The manager was present during the inspection, she is a qualified social worker and has the relevant experience of management and working in a day care setting with this service user group. The manager was supported by a senior day centre carer who has worked in this role for a number of years. Discussion with these staff revealed they were informed regarding The Day Care Setting Regulations (NI) 2007 and The Day Care Settings Minimum Standards (2012), their settings policies, procedures, role and responsibilities. The management arrangements were described in the settings statement of purpose. These arrangements should ensure there is effective management in this day care setting which promotes safe, effective and compassionate care.

The manager provided examples of management and governance systems they have in place which ensure the setting is safe, well managed and service users’ needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. For example the monthly monitoring visits; the audits of the settings records and supervision arrangements for staff. The evidence provided did not identify any concerns regarding the centres compliance.

The monthly monitoring visits and reports were inspected from March to July 2016. The reports available did not evidence visits had taken place once per month as required in regulation 28. There was no arrangement with RQIA to vary the frequency of these visits therefore a requirement is made to increase the frequency of the visits. The reports did report on the matters to be monitored by the registered person as detailed in Schedule 3. The reports were detailed and described the conduct of the setting.

Policies and procedures were accessible for staff on the intranet and were available for staff reference. They consisted of trust policies and procedures, as well as day care specific policies and procedures.

The complaints record was reviewed and this revealed nine had been received. They had been responded to as stated within the settings complaints policy and procedure. They recorded an outcome of satisfaction and lessons to be learnt had been integrated into practice.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern communicated by service users. The staff described the new manager as supportive and they described she had worked with them to ensure they are involved and engaged in any changes being implemented. The staff also recognised they support each other.

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. The service users named the manager and staff who work in their room. Generally service users described the staff in positive terms and said they could talk to them.

Two service users' questionnaires identified the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they are asked what they would like to do in the setting.

Two relative's questionnaires described the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide.

Three staff questionnaires identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

### Areas for improvement

One area of improvement was identified regarding the frequency of the monthly monitoring visits which must be increased to be compliant with regulation 28.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
-------------------------------	----------	-----------------------------------	----------

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Patricia McManus, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 (Insert Service Type). 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Setting Minimum Standards 2012. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

***\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\****

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 28

**Stated:** First time

**To be completed by:**  
19 October 2016

The registered provider must increase the frequency of the monthly monitoring visits to ensure one visit is undertaken each month of the year. A report must be written following the visit regarding the conduct of the setting and made available for future inspections.

**Response by registered provider detailing the actions taken:**

The Trust can confirm that from March 2016 to up to and including this month there has been a monthly monitoring report completed for the dates mentioned. This includes the monthly monitoring report for July 2016 which had been completed on the last day before the summer holiday closure for the centre. This was subsequently forwarded as agreed to the inspector post inspection. The Trust again wishes to reiterate that it is satisfied that a monthly monitoring visit is undertaken each month for Balloo TRC. We wish to reassure that this matter will be addressed with all monitoring officers to ensure the availability of completed monitoring reports.

### Recommendations

#### Recommendation 1

**Ref:** Standard 28.1

**Stated:** First time

**To be completed by:**  
19 October 2016

The registered provider should make arrangements for the Fire Risk Assessment and Fire Management Plan to be reviewed.

**Response by registered provider detailing the actions taken:**

The Trust can confirm that the fire risk assessment and management plan had been updated prior to the inspection in December 2015. This version was current and applicable to the centre, it is unfortunate that this was not available on the day of inspection. A copy is now available and retained on site.

#### Recommendation 2

**Ref:** Standard 20.2

**Stated:** First time

**To be completed by:**  
19 October 2016

The registered provider should ensure there is evidence on staff individual files that all staff employed in Balloo and ELD have met the recruitment checklist, as described in standard 20.2. This includes confirmation they have the appropriate qualifications, experience, employment history, references, health checks and criminal records checks before commencing employment.

**Response by registered provider detailing the actions taken:**

The Trust wishes to reiterate that all pre-employment checks are managed and stored off site by Trust Human Resources personnel staff. Going forward the registered manager will ensure to receive an email to confirm for all existing and new staff that the relevant checks as described in standard 20.2 are completed.

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 October 2016</p>	<p>The registered provider should put in place appropriate arrangements for each individual service users care plan to be improved. Specifically the care plans should improve the detail recorded to meet identified needs. Care plans should include service user's personal objectives.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The registered manager is undertaking a review with the other registered managers within the sector in order to improve the care planning process. This therefore will entail a focus group to look at the current system and method in order to identify a more user friendly process, emphasis will be placed on clearly demonstrating individuals identified need, personal objectives and outcomes.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 7.4 &amp; appendix 1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 October 2016</p>	<p>The registered provider should make appropriate arrangements for each service user's individual file to contain a photo or written evidence this had been refused.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The Trust will ensure that all service users files will have an appropriate photograph or written evidence to evidence refusal of same</p>



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews