

# Unannounced Care Inspection Report 20 March 2018



## Maybrook Adult Training Centre

**Type of Service: Day Care Setting**  
**Address: 149 Racecourse Road, Derry, BT48 8NG**  
**Tel No: 02871353754**  
**Inspector: Bridget Dougan**

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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 that provides care and day time activities from Monday to Friday for up to 75 adults with a range of needs including old age, learning disability, dementia and physical disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust	<b>Registered Manager:</b> Oonagh Cassidy is acting manager since 02/01/2018, following the retirement of the registered manager on that date. Recruitment has taken place for a new registered manager (commencement date May 2018)
<b>Person in charge at the time of inspection:</b> Oonagh Cassidy, Acting Manager	<b>Date manager registered:</b> Not registered
<b>Number of registered places:</b> 77 DCS-DE, DCS-I, DCS-LD, DCS-PH, DCS-SI	

### 4.0 Inspection summary

An unannounced inspection took place 20 March 2018 from 11.00 to 17.00 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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge and competency in regard to safe care, risk management; the day care setting environment; service users individual care records; providing the right care, in the right place, at the right time; activities; the ethos of the day care setting; acting on service user's views and preferences; and maintaining good working relationships.

One area for improvement under the Day Care Setting Regulations was identified in respect of the renovation of service user toilet facilities. Four areas for improvement under the Day Care Settings Standards were identified in respect of the format and content of the Service User's Contract/Agreement document; role specific staff inductions; the management of complaints and the provision of suitable equipment for service users to enable them to participate in the activities of their choice.

Service users said:

- "I like coming here"
- "staff are kind"

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

The total number of areas for improvement includes one under the regulations which has been stated for a third time and one under the standards, which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Oonagh Cassidy, 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 11 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 October 2016.

## 5.0 How we inspect

Prior to inspection the following records were analysed:

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP).

During the inspection the inspector met with:

- the manager
- eight care staff
- six service users.

The following records were examined during the inspection:

- staff roster
- complaints and compliments records
- accident/untoward incident records
- RQIA registration certificate
- staff supervision and appraisal records
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- staff training information

- minutes of three staff meetings
- minutes of three service user meetings
- monthly monitoring reports.

Questionnaires were given to the manager to distribute between service users and their representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA. Two relatives returned questionnaires. No online feedback was provided by staff.

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 11 October 2016

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 11 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 26(2)(a) <b>Stated:</b> Second time <b>To be completed by:</b> 31 March 2017	The registered provider must ensure that the facilities within Maybrook Adult Training Centre are suitable in size, layout and equipment, for staff to meet the needs of service users, particularly in the areas designated for continence care.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that the plans to renovate the service user toilet facilities have been approved, a contractor has been appointed and work is due to commence within the next few months.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20(1)(c)(i)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider must ensure that all staff who may encounter challenging behaviours in their work receives training appropriate to the work they are to perform.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that staff had training on the management of challenging behaviour in September 2017 and March 2018. The manager confirmed that further training in this area would be arranged for staff on an ongoing basis.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 20(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2017</p>	<p>The registered person must ensure that all staff receive formal supervision in keeping with the regulations and standards.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and staff and review of a sample of staff supervision records evidenced that staff received formal supervision in keeping with the regulations and standards.</p>		
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 20(1)(c)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2017</p>	<p>The registered person must ensure that all staff receive appraisal in keeping with the regulations and standards.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and staff and review of a sample of staff appraisal records evidenced that staff received appraisals in keeping with the regulations and standards.</p>		

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 18.1 <b>Stated:</b> Third time <b>To be completed by:</b> 30 November 2016	The registered provider should ensure that a policy and procedure on the Management of Challenging Behaviour is made available to staff in the centre, at the earliest possible time.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A policy and procedure on the management of challenging behaviour was in place and was dated March 2018. The manager stated that this was made available to all staff to read and this was confirmed by staff during the inspection.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 18.1 <b>Stated:</b> Second time <b>To be completed by:</b> 30 November 2016	The specific focus on continence promotion and care was introduced to inspections by RQIA in April 2015. The WHSCT does not yet have in place a written policy and guidance to staff on this aspect of care and this has been recommended to the Trust in a number of inspection reports this year. The registered person should ensure that a written policy and guidance to staff on continence promotion and care are provided urgently.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A policy and procedure on continence promotion was in place and was dated March 2018.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 3.2 <b>Stated:</b> First time <b>To be completed by:</b> 31 December 2016	The registered provider should ensure that the format and content of the Service User's Contract/Agreement document is developed to increase the accessibility of this information to service users.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that the Service User's Contract/Agreement has not yet been developed into an easy read format.	

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider should ensure that service user meetings are held at least quarterly and that a record of each meeting is kept in accordance with good records management procedures.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that service user meetings were held at least quarterly and that a record of each meeting is kept in accordance with good records management procedures.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p>	<p>The registered provider should ensure that recommendations made in each monthly monitoring report are carried out, or that failure to do so is explained in the subsequent monitoring report.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Monthly quality monitoring reports for December 2017 and January 2018 were reviewed. There was evidence that action plans written in each monthly monitoring report were carried out, or that failure to do so was explained in the subsequent monitoring report.</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 registered manager confirmed that the planned daily staffing levels for the day care centre were adequate to meet service users assessed needs, and that these levels were subject to regular review to ensure any changes to the assessed needs were met. A review of the staffing roster for weeks commencing 12 and 19 March 2018 evidenced that the planned staffing levels were adhered to.

Staff confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care during the inspection provided evidence that service users' needs were being met by the number of staff on duty.

The registered manager confirmed there were arrangements in place to ensure information pertaining to staff recruitment; including all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records were retained at the organisation's personnel department, written confirmation was sent to the manager when all the relevant pre-employment checks were completed and the registered manager then arranged for the person to commence employment.

There was an induction programme in place for all staff which included the Trust induction and Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in. Two registered nurses were employed to work in the day centre and the induction programme in place did not reflect the duties carried out by them. An area for improvement has been identified in this regard.

The inspection of the settings training records showed that staff had received mandatory training and some training relevant to their roles and responsibilities. Discussion with staff confirmed they had received training that had assisted them to provide safe and effective care. Examples of training staff received in 2017 included adult safeguarding, infection prevention and control; fire safety; first aid; behaviour management; information governance and supervision training.

The manager and staff confirmed that competency and capability assessments had been carried out for staff who were given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of staff competency and capability assessments were retained and a sample was examined during the inspection, these were found to be satisfactory.

Overall the inspection found staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected showed the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A review of service users' individual documentation confirmed that potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place. It was identified that the setting had reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention to Protection in Partnership' issued in July 2015 and the Operational Procedures. There was a clear pathway to follow to refer any safeguarding concerns to the appropriate professionals and the organisation had an identified Adult Safeguarding Champion (ASC).

The registered manager confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed. A number of wheel chair users were secured in their chair using a lap belt however this was required for posture and

safety and was directed by the physiotherapist/occupational therapist, and documented in their care records.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs are met. The needs of service users within the setting were varied. Mostly the service users needed staff support to get involved in activities and a small number required one to one support.

The staff stated their main priorities were to ensure the service users were safe and enjoying their day care experience. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

The manager and staff spoken with during the inspection clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

The service users were asked if they felt safe in day care and they said they felt safe and enjoyed coming to the day centre which they attributed to the support and help from staff.

Two relatives returned questionnaires to RQIA post inspection. All identified they were “very satisfied” regarding the questions “is care safe” in this setting.

Observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed and the fire risk assessment had been reviewed on 11 January 2018, and the recommendations had been actioned by the registered manager.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care, risk management and the day care setting environment.

### Areas for improvement

One area for improvement was identified in respect of the provision of role specific induction for registered nurses.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

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

Three service users' care files were inspected; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The

individual written plan/agreement was found in the service user individual records, this document confirmed the day service was suitable and appropriate to meet the service user's needs, and set out arrangements to do this.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use the service user's individual records daily to guide their practice and recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Service users reported they had taken part in a number of activities for example bowling, arts, crafts, music and keep fit. They were happy that their choices and felt their needs were being met. Service users confirmed that they knew staff in the setting; that they could talk to staff or the manager if they were worried or had a concern about their care, and staff would help them resolve their concern.

Records were made available for inspection concerning audits of infection prevention and control, accidents/incidents, supervisions, appraisals and the environment. The manager confirmed that she was reviewing the service users' individual care records documentation and was establishing a new system for auditing the records. She confirmed that care records would be audited on a monthly basis going forward.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings. The manager confirmed that staff meetings were held quarterly. A service user forum, which was made up of service users and their representatives, met at least quarterly. A quarterly newsletter was sent out to service users and their representatives and communication books were used on a daily basis as a means of communicating with services user representatives.

Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues, service users and other health care professionals.

Two relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding the questions "is care effective" in this setting. They referenced they got the right care; staff knew their needs; they were aware of care plans and the care met their expectations.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to service users individual care records; providing the right care, in the right place, at the right time; and provision of activities.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 Is care compassionate?

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

Discussion with service users and staff and observation of interactions showed that service users were treated with dignity and respect and staff were promoting and maintaining their independence.

Due to the complexity of their needs, the majority of service users were unable to communicate verbally with the inspector. Six service users spoken with confirmed they were asked their opinion regarding what they liked to do in day care and their ideas and preferences were sought for the activity plan.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. Service users replied they liked day care, they looked forward to coming, and that staff were very kind.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities and outings. They discussed the range of activities they could take part in included arts and crafts, games, music and movement. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests. The centre maintains strong links with partner organisations and the local community. Staff told us about one service user who liked to play computer games. There was no designated computer for service user's to use and they had to use the office computer whenever it was available. An area for improvement has been identified in this regard.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning and outings through service user meetings, informal discussions and their individual review meetings.

Two relatives returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding the questions "is care compassionate" in this setting. They referenced staff treat their loved ones with kindness; respect their privacy and dignity; inform and involve them in decisions about their care. No further comments were provided by relatives.

Staff interactions with service users were observed to be compassionate, caring and timely. During discussion, staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences.

## Areas of good practice

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

## Areas for improvement

One area for improvement under the standards was identified in this domain in respect of the provision of a computer for use by service users.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they used to guide and inform their practice.

Management arrangements were discussed with the manager. RQIA was informed of the retirement of the registered manager on 2 January 2018. Mrs Cassidy who was a registered manager of another regulated setting had covered the management of the day centre since that time. Recruitment had taken place and a new manager had been appointed, they were due to take up post in May 2018. An application for registration of the manager would be submitted to RQIA within the next few weeks.

Two complaints had been recorded since the previous care inspection on 11 October 2016. Complaints records contained very little detail regarding the content of the complaints, or whether they had been resolved. Discussion with the manager confirmed that the template for recording complaints should be reviewed to allow the management of the complaint to be fully recorded. An area for improvement has been identified.

The manager provided monthly audit records of infection prevention and control, accidents/incidents and the environment. The records reflected that measures were in place that monitored the effectiveness and quality of care delivered to service users in this setting. As stated in section 6.5, the manager confirmed that audits of care records were being developed and would be carried out on a monthly basis from March 2018 onwards.

The Regulation 28 quality monitoring visits had been undertaken monthly by the designated officers. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

The staff were asked what their opinion was regarding leadership in the setting; they complimented the management team in the setting. They described they knew what was expected of them, their managers were approachable, the lines of accountability were clear and they had an open door policy. They said if they had any concerns the Trust has a whistleblowing policy however, they worked well with their colleagues and hoped any concerns would be dealt with at an early stage with their colleague. In their experience the management team had worked well together to sort out any issues or concerns promptly and effectively.

Two relatives returned questionnaires to RQIA post inspection. All identified they were “very satisfied” regarding the questions “is care well led” in this setting. They referenced they know who is in charge; the service is well managed; their views are sought and they know how to make a complaint. No further comments were provided by relatives.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

### Areas for improvement

One area for improvement under the standards was identified in this domain in respect of the management of complaints.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Oonagh Cassidy, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 26(2)(a)  <b>Stated:</b> Third time  <b>To be completed by:</b> 30 September 2018	<p>The registered provider must ensure that the facilities within Maybrook Adult Training Centre are suitable in size, layout and equipment, for staff to meet the needs of service users, particularly in the areas designated for continence care.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Work has commenced on the designated area for continence care within the maybrook centre. Risk assessment has been completed and disruption to service user personal care has been kept to a minimum. It is expected that work will be completed by the end of June 2018.</p>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 3.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 May 2018	<p>The registered provider should ensure that the format and content of the Service User's Contract/Agreement document is developed to increase the accessibility of this information to service users.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            A service user accessible , service user guide has been developed and forwarded to RQIA inspector may 3rd 2018.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2018	<p>The registered person shall ensure the provision of a role specific induction for registered nurses.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            There is a Band 5 Nurse Induction available on the WHSST Intranet. This is general nurse focused and will be reviewed internally to ensure that it is role specific and focus on individual service user need. Presently staff focus on areas relevant to their current practice. NIPEC are also currently looking at developing a more specific induction pack for Band 5 nurses which will be specific to individual service user need.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 9.5	<p>The registered person shall ensure that service users are enabled to participate in the activities of their choice by the provision of suitable equipment. Consideration should be given to the provision of a computer for use by the identified service user.</p>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2018</p>	<p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> A MCW form has been submitted to address specific issues for identified service user which will incorporate the installation of an additional computer.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 14.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2018</p>	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any investigations, the action taken and the outcome of the complaint.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> A new complaint format has been implemented which highlights specific areas requested by the inspector. A copy of the new format was available on the day of the inspection which the inspector viewed.</p>

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



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