

# Unannounced Day Care Setting Inspection Report 08 September 2016



## Orchard Centre

**Address: Dromalane Road, Newry, BT35 8AP**

**Tel No: 02830266374**

**Inspector: Suzanne Cunningham**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Orchard Centre took place on 08 September 2016 from 10.30 to 15.30 (24 hour clock).

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 staff records such as duty rotas, supervision, training, financial records; observations of the setting; discussions with service users and staff; and observations provided evidence the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Orchard Centre were observed responding to a range of service users' needs. The service users said Orchard Centre was supportive and safe. They were observed taking part in activities, socialising with staff and peers. The staffing levels were responsive to service user's needs, welfare and safety and the premises presented as safe on the day of the inspection.

Overall the assessment of "is care safe" concluded the minimum standards inspected were met. Two areas for improvement were identified regarding improving the financial arrangements in the setting and increasing the frequency of individual staff supervision.

### **Is care effective?**

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

Overall the assessment of "is care effective" concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

### **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. Staff were observed listening to service users, seeking their views and communicating with them in a supportive and caring manner.

Overall the assessment of "is care compassionate" concluded the minimum standards inspected were met. Two areas for improvement were identified regarding the service user meetings and annual service user's survey. Two recommendations have been made in this regard.

## 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 monthly monitoring reports; and policies and procedures evidenced there was arrangements in place to promote minimum standards of care and quality improvement in the setting.

Overall the assessment of “Is the service well led?” concluded the inspection of the minimum standards was met. One area of improvement was identified regarding improving the settings policies and procedures.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting 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>	0	5

Details of the QIP within this report were discussed with Joanne Smith, senior day care worker, 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation / registered person:</b> Northern HSC Trust/Dr Anthony Baxter Stevens	<b>Registered manager:</b> Maureen Smith
<b>Person in charge of the day care setting at the time of inspection:</b> Joanne Smith, senior day care worker	<b>Date manager registered:</b> 18 October 2010
<b>Number of service users accommodated on day of Inspection:</b> 24	<b>Number of registered places:</b> 70

### 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 Southern Health and Social Care Trust
- Incident notifications which revealed nine incidents had been notified to RQIA since the last inspection on 24 November 2016
- Unannounced care inspection report 24 November 2016 and trust response to the inspection.

During the inspection the inspector met with:

- The senior day care worker
- Three staff
- 18 service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in The Orchard Centre. Three were returned by service users, four by staff and two by relatives.

The following records were examined during the inspection:

- Five service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had two entries recorded from April 2015 to March 2016
- A sample of incidents and accidents records from November to September 2016
- The minutes of two service user meetings 24 April and 15 September 2016
- A sample of the team meeting minutes for August and September 2016
- Staff supervision dates for 2015 & 2016
- Two staff records
- Seven Monthly monitoring reports from January to July 2016
- Staff training information for 2015 and 2016
- The staff rota for July, August and September 2016
- Statement of Purpose
- Service Users Guide.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 24 November 2016

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

### 4.2 Review of requirements and recommendations from the last specialist inspection dated 24 November 2015

Last specialist inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 16 (2) and 15 (e)  <b>Stated:</b> First time	The registered manager must review the identified care plan to ensure the multi-disciplinary team are in agreement with the current plan of personal care regarding continence promotion.	<b>Met</b>
	Arrangements should be made to re-assess the personal care needs of the service user to ascertain if the centre can meet the identified needs.  <b>Action taken as confirmed during the inspection:</b> Inspector confirmed the care plan had been updated and agreed. Equipment was sought to deliver the care and staff had been trained. This progress was documented and reviewed on the service users individual care record.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 19(2) Schedule 5. 8  <b>Stated:</b> First time	The registered manager must ensure suitable records are maintained regarding the income and expenditure of service users' monies.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the staff had liaised with trust and implemented trust financial procedures. The processes for processing service users money was now clearly detailed in the financial record, receipt book and day care setting policy and procedure.	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 4 (1) (c) Schedule 1.7</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must advise RQIA of the numbers of service users to be accommodated in the day centre on a daily basis.</p> <p>The registered manager must submit a revised statement of purpose to RQIA.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed this requirement had been progressed. The most up to date statement of purpose was provided for this inspection.</p>		
<p><b>Last specialist inspection recommendations</b></p>		<p style="text-align: center;"><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure a policy on the handling and management of service users' monies is in place.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A policy and procedure had been written for all staff and was dated February 2016.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 21.3</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should confirm all staff has received refresher training regarding infection control and continence promotion.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>This was achieved in February and March 2016.</p>	

### 4.3 Is care safe?

Discussion with the senior day care worker at the beginning of the inspection revealed the day centre staffing arrangements had been stable since the last inspection. Since last year's inspection the service user numbers had been reduced daily to between 30 and 40 and staffing numbers ranged from four to seven staff on duty. On the day of the inspection there was five staff undertaking caring duties and one senior day care worker who was acting up as manager. The manager was on annual leave; this was clearly documented on the rota with the name of who was covering the manager's role and responsibilities in her absence.

Staff members on duty said in their opinion the number of staff working with the number of service users was a safe ratio. They said they had been short staffed and at times they were very busy. However they gave assurances the care plans including intimate care needs were met for all service users. The staffing arrangements presented as safe and enabled staff to deliver safe care that was consistent with the service users individual care plans.

The staff rota was displayed in the staff/managers office, this detailed what staff were on duty each day including their role in the day care setting. This record was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity.

Two staff files and 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. The staff files provided evidence that staff commenced their job following satisfactory pre-employment checks. There was also evidence of staff induction that was appropriate to the specific job role.

The inspection of financial arrangements for collecting lunch monies was inspected. This was in response to the findings from the last inspection. The manager had written a procedure for staff regarding collecting service user monies. Improvements had been made. Financial records and receipts evidenced that the policy had been implemented by staff. Money for lunch would be handed over to the admin support worker and the transaction would later be verified by a member of the care staff. However the process of collecting monies and providing receipts should be improved to ensure this is completed by two staff when a service user is unable to sign the receipt. This should also be the case if the service user's needs assessment determines they are not sufficiently aware of the process they are being asked to undertake. For example if a service user has memory loss. To ensure the process of collecting monies or valuables is transparent; this should also be completed by two members of staff who witness the hand-over and sign and date the record in front of the service user. A recommendation is made in this regard.

Supervision arrangements were inspected for three staff. The staff had received one supervision session in 2015 and one in 2016. Care staff should have received one individual supervision session no less than once every three months. A recommendation is made to improve the frequency of supervision.

The staff training record was inspected from November 2015 to September 2016. The staff mandatory training and training specific to service users' needs record detailed they undertook and range of training such as vulnerable adults; fire safety; infection control and continence promotion. This record, review of the staff training plan and discussion with the senior day care worker confirmed all staff had or will receive training to safely undertake the duties of their role in 2016.

This day care setting delivers a range of activities that service users can opt to engage with or they can use other areas of the setting to undertake activities of their own choice such as art or a game of Pool. There is a strong emphasis on enabling individuals to experience the benefits of social interaction between service users; and this is supported by staff. The care is delivered in a range of rooms that accommodate small groups, physical activities, crafts and quiet time/relaxation. There is also outside space, a dining area and bathrooms, which were all observed as accessible. The day centre environment presented as functional for this group, warm, comfortable and the lay out promoted freedom of movement for all service users. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

The 18 service users consulted with during the inspection described the day centre was a place to get them out of their house; one said "it's good to get away from the four walls". They described the staff as helpful and they keep them safe. One service user said "I feel safe here, I don't worry about my illness and I feel secure. I trust the people here; I trust any of the staff". Another said "I feel safe and I can talk to staff if I have any concerns". These discussions verified the service users viewed care was safe in this day care setting.

Three service users returned questionnaires to RQIA regarding this inspection and they stated 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.

Two relatives returned questionnaires. They answered 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.

The staff on duty discussed the staffing arrangements in this setting had ensured them to provide safe care; in a safe environment. The staff said if they had any concerns regarding safe practice they would discuss this with their colleagues or the management team. The staff said management and senior staff are accessible at any time and had been supportive. Finally staff said they had received training to ensure they had the knowledge and skills to keep service users safe, for example moving and handling training, safeguarding vulnerable adults and infection prevention and control.

Four staff members returned questionnaires. They stated safety was very good in the setting. The questionnaires detailed 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 were identified regarding improving the financial arrangements in the setting and increasing the frequency of individual staff supervision in compliance with standard 22.2.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.4 Is care effective?

The content of the Orchard Centre statement of purpose was sampled and this accurately described the purpose of this service. The setting provides care for service users with memory loss over the age of 65 on Monday, Wednesday and Friday. On Tuesday and Thursday the service meets the needs of service users who are over 65 and have a diagnosis of mental ill health. The overall aim is to assist service users to maintain and where possible regain their optimum level of functioning and independence by supporting them with daily living and social skills.

The inspection of five individual service user care files evidenced the care described in the statement of purpose was being put into practice. For example each service users' needs had been assessed and this was used to draw up a plan with the service users, their relatives or representatives. This had been reviewed at least annually to ensure the care provided was appropriate to meet the service user's health and social care needs and where possible independence was promoted and supported.

The record keeping formats 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. The care plan incorporated the outcome of the risk assessment.

The activity schedule was written and displayed for service user's reference in the day care setting corridor. The staff said the schedule was informed by the consultation with service users; service user needs and staff ideas. Consultation with service users confirmed they were asked to give their ideas for activities and were encouraged to lead activities. One group detailed the Boccia, football table and Pool table tournaments they had organised for staff and service users. They described the events as enjoyable and a good example of how they choose what they do.

Discussion with service users identified the setting is effectively meeting their needs. They discussed the food, social opportunities, activities and care from staff was meeting their needs. They described they can choose what they want to do and staff are on hand to support them as required.

Three service users' questionnaires identified they were getting the right care at the right time; staff were communicating with them; their choices are listened to; they can choose the activities they take part in; and have been involved in the annual review of their day centre placement. One questionnaire included this comment made by a relative "They treat her with kindness and respect which are the attractive features of her stay".

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

Discussion with staff revealed they follow the care plans and find out all they can about each service user. They described they have key work responsibility for some service users however; they aim to be as familiar with each service user's needs. Staff described communicating with each other regarding service user's to ensure they are all aware of any

potential changes in the care plan or needs assessment. This may be done formally in team meetings or informally when the staff group are planning for their day.

Four 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**

No areas for improvement regarding effective care were identified during this inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

This inspection included consultation with 18 service users during morning tea, in the activity room prior to a quiz and during a game of pool. Observation of the morning and afternoon craft activities was also undertaken. During the discussions staff were observed checking service users were comfortable, that their needs were being met and checking their preferences. If the staff identified someone needed additional support they sensitively moved service users to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

The staff described they consult with service users informally when they are in the setting regarding their needs, preferences and choices. The setting had facilitated service user meetings. The records for the last two meetings held in April and September were inspected. The minutes described staffing and activities were discussed. The minutes were written and stored in a file accessed by staff. This process did not appear to be promoting service user involvement because different groups of service users attend on different days and the meetings were infrequently held so not all service users had the opportunity to attend the meeting. The timing of meetings, days of meetings frequency of meetings and accessibility of the minutes is key to ensuring all service users are fully involved in decisions affecting their treatment, care and support. Therefore it is recommended the service user meeting process is reviewed to ensure all service users who want to can attend a meeting. Furthermore the agenda and minutes should be made available to all service users.

The annual survey was not available for inspection. A recommendation is made for this to be completed and a summary report should be written.

Consultation with service users regarding compassionate care revealed they felt the care and support provided by staff promoted their independence, confidence, and wellbeing. One service user described they can see their physio when they are in the day centre; they explained that had made life easier for them. One service user described the centre as somewhere where people look out for each other and it's like a big family for them. Overall the feedback and evidence showed that the day to day staff support and care in Orchard was positively contributing to service user's wellbeing. Three service users' questionnaires identified they were treated with respect and were involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

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

The staff discussion revealed they encourage service users to be independent and confident. Their experience was service users ask staff if they want to do something particular in day care for example a walk or activity. Staff said it was important service users feel confident that they can communicate openly with staff. They said they are conscious of the way they speak to service users, that the service users know staff are flexible in their delivery of day care, the staff offer reassurance as required, are supportive, help and assist all service users.

The four staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

### Areas for improvement

Two areas for improvement were identified regarding the service user meetings and annual service user's survey. Two recommendations have been made in this regard.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.6 Is the service well led?

The senior day care worker was present during the inspection. The manager was on annual leave. Examination of the day centres statement of purpose evidenced the management arrangements detailed were consistent with the day centres registration details. 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. Examples were the monthly monitoring visits and the audits of the settings records and environment. The audits did not identify any concerns regarding the centres compliance. The annual report for 2015/2016 was provided for this inspection and the document presented as compliant with regulation 17(1).

The monthly monitoring visits and reports were inspected from January to July 2016. The reports available evidenced visits had taken place once per month as required in regulation 28 and described the conduct of the setting.

Policies and procedures were accessible for staff in centrally indexed files. Samples of policies were referred to such as managing aggression and behaviour; and missing service users. This revealed they were not current and information should be updated. A recommendation is made for the manager to review the policies and procedures in place that direct the quality of care and services. The review should ensure the content of the policies is current and relevant to the care and services provided, all policies and procedures should be dated when issued, reviewed or revised; and the policies and procedures should be subject to a systematic three yearly review.

The complaints record was reviewed and this revealed two had been received. Compliments records were also recorded and maintained by staff. The record evidenced service users' issues of dissatisfaction were recorded and responded to in accordance with the settings policies and procedures. It was also noted service users were satisfied with the outcome.

The service users spoken to were aware of the management arrangements in the setting. They said the manager was accessible to them but they felt they could talk to any of the staff if they had suggestions or a concern.

Three 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. One relative wrote on the questionnaire "I am very happy there is such a devoted staff which relieves her boredom and pressure on her family".

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

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 manager as supportive and they knew they could speak to the senior day care worker or another manager for guidance or advice in the manager's absence. Staff also recognised they plan together and support each other in their daily planning / staff meeting. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user.

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 the setting. They described all of the staff are good and said they would approach any of them with issues, concerns or ideas.

Four staff questionnaire 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 improving the settings policies and procedures.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Joanne Smith, senior day care worker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Day.Care@rqia.org.uk](mailto:Day.Care@rqia.org.uk) and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 03 November 2016</p>	<p>The registered person should improve the financial arrangements for collecting service user's monies. Collecting monies and providing receipts should be completed by two staff that witness the hand-over and sign and date the record in front of the service user when a service user is unable to sign the receipt. This should also be in place for service users whose assessment identifies cognitive impairment for example if a service user has memory loss.</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have access to and will adhere to the January 2016 SHSCT Management of Day Care Service Users Lunch Money, and the Day Care Minimum Standard 11.5- Records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign, two members of staff sign and date the record.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 03 November 2016</p>	<p>The registered person should improve staff supervision arrangements. Care staff should receive one individual supervision session no less than once every three months. A record should be kept to evidence compliance in this regard.</p> <p><b>Response by registered person detailing the actions taken:</b> The registered Manager has met with Staff who carry out one to one supervision and also with supervisees. The SHSCT Supervision Policy .and the Minimum Day Care Standard 22.2 have been discussed with staff.-Staff have recorded individual formal supervision sessions according to the day care setting's procedures and no less than every three months. The Registered manager has devised planning templates for supervisors, however it has been emphasised that it is also the responsibility of supervisees to ensure they receive supervision within the mandatory time frames and alert their supervisor if this lapses due to planned/ unplanned circumstances in order to arrange another date within 2 working weeks of the cancellation.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 03 November 2016</p>	<p>The registered person should improve consultation with service users through the service user meeting. The timing, days, frequency and accessibility of the minutes should be improved to enable all service users to attend and ensure all service users have the opportunity to be fully involved in decisions affecting their treatment, care and support.</p> <p><b>Response by registered person detailing the actions taken:</b> From 1 October 2016 Service user meetings will be planned in advance to take place every 3 months. Proposed dates are as follows. Monday 24/10/2016, Tuesday 24/01/2017, Wednesday 26/04/2017 &amp; Thursday 27/07/2017.The day of the week will vary to enable a varied compliment of service users to take part in the meetings for involvement in their care</p>

	<p>and support. The Registered Manager has ensured that there will be 1 week notice given for planned meetings with date, time and venue displayed in the Centre. The minutes taken from the meeting will be available for all service users on request. How to receive a copy will be displayed on a suitable format in the centre. For confidentiality copies will not be placed on notice boards. Staff will also include discussion/sharing of the minutes in the planned activity programme over various days of the week. This is in compliance of Minimum Duty Care Standard 8 - Service users views and comments shape the quality of services and facilities provided by the service..</p>
<p><b>Recommendation 4</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time <b>To be completed by:</b> 03 November 2016</p>	<p>The registered person should forward to RQIA with the QIP the outcome report from the annual survey undertaken with service users, relatives and representatives for the period of April 2015 to March 2016</p> <p><b>Response by registered person detailing the actions taken:</b> Copies of a Service user, relatives and representatives Quality Assurance Questionnaires have been issued from October 2016. When completed copies have been returned, the Registered Manager will collate the findings, share with staff, carers and service users and as requested in QIP the registered manager will forward the 2016 copy to RQIA Inspector. Individual copies will be available on request. Compliance with Standard 8 as in recommendation 3.</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2017</p>	<p>The registered person should make appropriate arrangements for the day care setting policies and procedures that direct the quality of care and services to be reviewed. The review should ensure the content of the policies is current and relevant to the care and services provided. All policies and procedures should be dated when issued, reviewed or revised and subject to a systematic three yearly review.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has contacted the Managers in the other two localities Craigaven/Banbridge &amp; Armagh/Dungannon to review the current Day Care Policies and Procedures. Agreement has been reached to form a working group to review and update all P&amp;P the initial meeting is planned for November 8<sup>th</sup> 2016 it is expected that they will be completed in March 2016.</p>

*\*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\**



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