



The Regulation and  
Quality Improvement  
Authority

Abbeyview Beacon Centre  
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**Unannounced Care Inspection  
of  
Abbeyview Beacon Centre**

**29 April 2015**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 29 April 2015 from 11.00 to 16.40 hours.

The focus of this inspection was service users' involvement and care plans with the theme of continence promotion for service users in day care settings with an assessed continence need.

Selected criterion was inspected from:

**Standard 5, Care Plan – Where appropriate service users' receive individual continence promotion and support.**

**Standard 8, Service users' involvement- Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.**

Overall on the day of the inspection the Day Care Service was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection undertaken on 17 July 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	7

The details of the QIP within this report were discussed with the registered manager, Mrs Cheryl Lester, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr William Henry Murphy	<b>Registered Manager:</b> Mrs Cheryl Roberta Lester
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mrs Cheryl Roberta Lester	<b>Date Manager Registered:</b> 28/08/2008
<b>Number of Service Users Accommodated on Day of Inspection:</b> 17 + 2 attending for lunch	<b>Number of Registered Places:</b> 20

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

### Standard 5 Care plan:

**Where appropriate service users receive individual continence promotion and support.**

### Standard 8 Service users' involvement:

**Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with service users who prefer to be known as members
- discussion with staff
- discussion with one visiting professional
- review of care records
- observation during an inspection of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

All members met with the inspector, and eight were consulted individually. Three staff and one visiting professional also met with the inspector.

The following records were examined during the inspection:

- the statement of purpose
- the members guide
- monthly monitoring reports completed from August 14- March 15
- minutes of partnership meetings
- staff meetings
- staff duty rotas
- staff training records
- staff supervision history
- selected policies and procedures
- five care records
- accident and incident records
- records of complaints and investigations.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 17 July 2014. The completed QIP was returned and approved by the care inspector. Refer to 5.2 for action taken.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 28 (3) (4) (a) (c)	<b><u>Monthly Visits</u></b>  The registered provider must ensure that: <ul style="list-style-type: none"> <li>(a) Monitoring visits are completed monthly</li> <li>(b) monthly monitoring visits include opinions from health professionals who act as representatives of the members of the scheme.</li> <li>(c) All sections in the monitoring report is fully completed</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  RQIA reviewed monthly monitoring reports completed from August 2014 – March 2015. These were available, fully completed and opinions from health professionals were evidenced. One health professional who spoke with the inspector during the inspection confirmed that on occasions her views had been sought.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 19 3 (b)</p>	<p><b><u>Records</u></b></p> <p>The registered manager must ensure all records required by regulation are available for inspection.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A selection of legislative records requested by RQIA during this inspection was available.</p>	<p><b>Met</b></p>
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 14.4</p>	<p><b><u>Assessment</u></b></p> <p>The registered manager should ensure the assessment and care plan pertaining to an identified service user is updated to provide clear direction to staff in the 14.4 event of episodes of behaviour that challenges.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>An examination of a care record pertaining to the identified service user evidenced that the care plan had been updated and provided clear guidance for staff in addressing behaviour which may challenge others.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 7.2</p>	<p><b><u>Ownership agreements</u></b></p> <p>The registered manager should ensure clear arrangements are in place in regard to the ownership agreements.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>An examination of guidance implemented on 13 April 2015 on the management of records was made available to the inspector.</p> <p>The guidance makes reference to the service users notes, making clear that service users (members) are “supported to maintain or contribute to the maintenance of their own records which by definition are the service users’ records distinct from the organisation records.”</p>	<p><b>Met</b></p>

	The records of a member who had attended their first day at the centre recorded that ownership of files had been discussed with the member.	
<b>Recommendation 3</b>	<b>Staff training</b>	<b>Met</b>
<b>Ref: Standard 18.1</b>	<p>The registered manager must ensure that staff are in receipt of awareness training in the Deprivation of Liberty Safeguards (DOLS).</p> <p><b>Action taken as confirmed during the inspection</b></p> <p>Staff training records reviewed confirmed that three staff received awareness training in the Deprivation of Liberty Safeguards (DOLS) on 1 September 2014, and signatures of the staff who received the training were recorded.</p>	

### 5.3 Standard 5 Care plan: **Where appropriate service users receive individual continence promotion and support**

#### **Is Care Safe?**

A policy on continence care was available for staff; the policy however was in need of review and updating to reflect NICE guidance on continence care.

Discussion with the registered manager and staff confirmed that currently no members who attended the centre required support with their continence needs. Confirmation was provided by a staff member that a small number of members who had continence issues were self-managing these independently when attending the day centre.

#### **Is Care Effective?**

Four members' care records were examined during this inspection. Assessments and risk assessments were completed by staff and culminated in a goal based support plan being devised by the key worker, agreed by the member and signed off by the registered manager. The support plans in place set out what was important to members and what they wanted to achieve from their attendance at the day centre.

Overall risk assessments reviewed were well recorded and were effectively recording early warning signs and triggers for deterioration in members' mental health.

The support plan goals examined had been reviewed in consultation with the members, and there was recorded evidence of members either recording their own notes or signing to confirm they had been involved in discussion regarding their support plan and review and were in agreement with them.

In the four care records examined, there were occasions when entries had not been recorded every five attendances. In addition a review of one member's notes identified that continence

issues were recently identified. The recording deficits were discussed with the registered manager.

Monthly monitoring of the service also includes an audit of care records identifying areas for improvement.

### **Is Care Compassionate?**

The observation of staff interaction with members, throughout the inspection period, presented evidence of a high level of compassionate care being delivered.

The members spoken with were also most complimentary about the care and support they received when attending the service. All consulted were very satisfied with the service provision and there were no issues raised with the inspector.

Since the previous care inspection, an administration vacancy had recently been filled and staff consulted advised that this appointment was having a positive impact on the service and was providing much needed assistance to management and staff.

However, a vacancy for a project worker continues to remain outstanding. Staff consulted and those who returned completed questionnaires advised that this was impacting on the service provision in the centre, particularly in completing members' documentation as a number of new members have been attending the service from a trust service which closed in recent months. Staff advised that they were aware that management were addressing the issue, but advised they were concerned at the time it was taking.

The registered manager acknowledged that she was aware that the time being taken to recruit a project worker was impacting on the staff team, but stressed that it was important for the service that a suitable staff member with the required knowledge and skill was recruited.

### **Areas for Improvement**

The continence care policy in place was in need of updating to reflect NICE guidance on continence care. In accordance with evidenced based practice, guidance on staff providing intimate care to members should also be included in either the continence care policy or in separate guidance. A recommendation was made.

A risk of choking was identified in one member's risk assessment. In accordance with evidenced based practice, a choking assessment should be considered. A recommendation was made.

In the sample of records examined there were occasions when entries had not been recorded every five attendances, in accordance with standard 7, criterion 7.5. In addition information was not consistently recorded when a member did not attend the service on their allocated day. A recommendation was made.



A review of one member's notes identified that continence issues had recently been identified. In view of the recent information, the assessment and support plan was in need of review and updating to ensure the member was receiving the support and assistance required to meet their needs. A recommendation was made.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>4</b>
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#### **5.4 Standard 8 service users' involvement:**

**Service users' views and comments shape the quality of services and facilities provided by the Day Care setting**

##### **Is Care Safe?**

A service user involvement strategy had recently been implemented which sets out objectives for involving members as well as the principles of participation. The aim of the strategy which is still in the process of development is to ensure that every member should be heard and will have an involvement and an active voice in the running of the centre.

There was evidence that as an organisation, Beacon promotes member involvement and empowerment. A range of effective policies and procedures were available. Examples include policies on Beacon Member Empowerment, Fair Access, Diversity and Inclusion policy, Service Users Meetings and Forums.

As previously indicated, there is good overall evidence to confirm that the needs assessment, risk assessment and support plans are kept under continuous review and changes are identified and recorded in a timely way. Care records examined evidenced good input from Beacon members.

Since the previous care inspection, one concern raised by a member was initially recorded as a complaint, and on review by senior management was appropriately escalated as a safeguarding issue. The records reviewed provided confirmation that the incident which had been reported to RQIA had been dealt with and managed appropriately.

The registered manager confirmed that the organisation had recently implemented a new complaint procedure where a complaints register as well as a register of low risk concerns was now being maintained.

##### **Is Care Effective**

At local level, management and staff actively seek the views of members via monthly partnership meetings which are held between the manager and members. An agenda is recorded and minutes of meetings including who attended and the areas discussed are retained.

Minutes of partnership meetings held are displayed on the members' notice board in the hallway of the centre. The minutes displayed on the day of inspection were of a partnership meeting held on 20 November 2014. There had however been monthly partnership meetings held since November 2014, although these minutes were not displayed. Therefore, members not in attendance at partnership meetings were not always informed of the most up to date issues discussed. The minutes of meetings reviewed indicated that members were consulted and involved in the menus provided for the centre, and the activities they would like to see implemented.

A folder containing information for members was also available in an upstairs lounge and included information on minutes of meetings and inspection reports, though the folder was in need of updating to reflect current information.

A suggestion box is also available for members.

The annual report completed for April 2013- March 2014 was reviewed and provided a section on customer and stakeholder feedback. Twenty questions were posed to service users and the feedback indicated ninety three percent (93%) rated the service they receive as excellent and 7% rated the service as good.

Stakeholder questionnaires had been issued separately, though at the time the report was completed no questionnaires had been returned.

The annual report for 2014-2015 was in the process of being completed at the time of inspection. It was agreed that upon completion a copy of the annual report would be submitted to RQIA.

Several members consulted confirmed that they frequently attended the partnership meetings, and confirmed their views were listened to and they were encouraged and supported to provide their views into the day to day running of the service.

The members consulted spoke very positively about the service and the facilities provided. Many confirmed they enjoyed off site facilities such as gardening, woodwork and keep fit, whilst others confirmed they enjoyed the relaxation and beauty treatments provided in the centre.

During the morning period some members took part in an art class, whilst beauty treatments were also provided. During the afternoon, flower arranging and a Spanish lesson were held in the centre and some members went off site to an allotment to undertake gardening.

There was also evidence that local members have the opportunity to participate in having their voice heard at regional level within the organisation, for example as part of Beacon Voice which includes members from different centres, and in addition some members were in the Beacon Choir which is also regional.

Overall there was evidence to demonstrate that the management is effective in ensuring that a consistent level of high quality care is delivered. Staff confirmed their confidence in the systems for information sharing, practice guidance, supervision and training.

## Is Care Compassionate?

Members who met with the inspector confirmed that they felt well supported by staff in the service, and all comments provided regarding the staff team were very positive.

One member advised the inspector that beauty therapy sessions provided by one tutor had ended advising the inspector that they were missing this aspect of the service as the tutor was very good. The members' views were shared with the registered manager.

Four members completed and returned a service user questionnaire. Three members confirmed they were very satisfied, and one member was satisfied with the care and support they received. Respondents also confirmed that they were very satisfied and satisfied that their views and opinions were sought about the quality of the service.

Examples of comments recorded in completed questionnaires' included:

- "staff are very good"
- "it is a great place to go"
- "tutors are very good"

The manager and two staff met individually with the inspector. Two other staff not consulted during the inspection provided their views in completed questionnaires.

The staff were very clear about the arrangements for involving members in both the development of their support plans and in the running of the service.

Overall staff indicated they were very satisfied or satisfied with all aspects of the service.

There were however issues in respect of staffing raised both during inspection and in one completed questionnaire. Staff indicated that due to the extra members they had insufficient time to listen and talk to members.

One comment recorded:

- "Over recent months, it is very difficult to find one of the most important things in mental health care, time".

The staff views were discussed with the registered manager of the service who confirmed and acknowledged that a staff vacancy for a project worker was impacting on the staff team. The registered manager provided an assurance to the inspector that recruitment was underway, but confirmed it was essential to recruit an employee with the relevant knowledge and skill to support the members.

Observations of staff interacting with members provided evidence of compassionate care coupled with good understanding of the members' individual needs. Examples of supportive appropriate language and encouraging tones of voice, in tandem with the well-written progress notes and review reports, were further evidence of compassionate care in action.

It was clear from discussion with some members that they were aware of the inspection process and were aware of the role of RQIA with some members identifying names of inspectors who had previously visited the centre.

Minutes of recent partnership meetings confirmed that members had received details of arrangements for future inspections informing members that future RQIA care inspections would be unannounced.

At the commencement of the inspection a poster was displayed informing members and representatives that an RQIA inspection was taking place and inviting members to speak with the inspector to provide their views.

### **Areas for Improvement**

To ensure that members receive timely updates from partnership meetings, ensure the most up to date minutes are displayed on the members' notice board, and any information provided for members' in the members' folder is kept up to date to reflect current information. A recommendation was made.

As agreed a copy of the annual report of Abbeyview Beacon Day Support centre for 2014-2015 should be submitted to RQIA upon completion. A recommendation was made.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
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## 5.5 Additional Areas Examined

### Staffing

The staffing arrangements for a two week period were reviewed. It was noted that in the absence of the centre's permanent staff, peripatetic staff were assigned to work in the centre.

It is clear from discussion with the registered manager and staff that the project worker vacancy is impacting on service delivery. Therefore the staffing arrangements should be reviewed to determine if staff recruitment for the position can be escalated. A recommendation was made.

### Environment

The environment was clean and suitably maintained. Members arriving to the front door of the centre via transport may on occasions be exiting the transport on the main road as there is no dedicated parking area, loading bay or car parking spaces available at the centre. The inspector was concerned that access to the building entrance poses a health and safety risk to members, and for any member with a disability or with mobility problems there are no ramps available.

As part of the organisation's improvement strategy for the environment, a review of disability access to and within the building must be undertaken. A robust risk assessment to manage health and safety of the premises both internally and externally should also be completed. A requirement was made.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Cheryl Lester, registered manager 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.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

## 6.2 Recommendations

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

## 6.3 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 weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref:** Regulation 26 (2)(a)(b) (j) and (n)

**Stated: First time**

**To be Completed by:**  
25 June 2015.

The registered persons must review the environment both internally and externally improving access to the centre generally and upgrading the centre to ensure it meets the needs of members with a disability or mobility problems.

In addition a robust risk assessment to manage health and safety of the premises both internally and externally must be carried out and updated as necessary.

**Ref : 5.5**

#### **Response by Registered Manager Detailing the Actions Taken:**

Following this recommendation, Mr. Raymond Sayers from RQIA visited the Centre on 11th June 2015 and met the Centre Manager, Cheryl Lester and Vincent Lavery, Niamh Head of Corporate Services. Having reviewed the transport arrangements and in particular drop off and pick up at the Centre, it was noted that Abbey Street, Armagh has traffic calming measures at both the bottom and top of the street. It is one way only with access at the bottom of the street only. Abbey Street is also narrow which means when the transport is stopped outside the Centre, traffic cannot pass. Consequently there is minimal risk of any Member being struck by vehicular traffic. Furthermore, Members are escorted from and to the transport by staff. This is subject to a full risk assessment. Internally, there is a disabled toilet downstairs, there is only one activity that currently takes place upstairs; all other activities take place in the level access dining or craft rooms, community venues which already have disabled access or activities exclusively on the ground floor.

Abbeyview Beacon Centre is subject to regular and ongoing Risk Assessment which addresses all risks including access and egress. There is a small step at the front entrance to the Centre with a supporting handrail to the left hand side to assist Members should they require it. Any modification to the step would be problematic in that it leads directly onto the pavement and modification such as ramp access would be subject to planning permissions with no guarantee given the historic nature of the environment. That said, should we have either Members or staff who require ramp assistance, the Centre will purchase portable polymer ramps and integrate their use into the Risk management Plan.

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref: Standard 18.4</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> <b>29 July 2015</b></p>	<p>The registered persons should review, update, revise and ratify the continence care policy to ensure it is in accordance with NICE guidelines for continence management.</p> <p>In addition good practice guidance on providing intimate care should also be provided to staff.</p> <p><b>Ref : 5.3</b></p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The Continence Care Policy is currently being reviewed at present and good practice guidance on providing intimate care is currently in draft. Both the review of the Continence Policy and the Good Practice Guidance will be ratified by 29<sup>th</sup> July 2015.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref: Standard 5.2</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> <b>29 May 2015</b></p>	<p>The registered persons should ensure a choking assessment is implemented for one identified member.</p> <p><b>Ref : 5.3</b></p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Choking assessment has been implemented for the identified member</p>
<p><b>Recommendation 3</b></p> <p><b>Ref: Standard 7. 5</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> <b>29 May 2015</b></p>	<p>The registered persons must ensure that there is an entry consistently recorded every five attendances, and a change to the service user's usual programme such as non-attendance is consistently recorded.</p> <p><b>Ref : 5.3</b></p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Entries are now recorded consistently to include all non-attendances to the service.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref: Standard 5.2</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> <b>29 May 2015</b></p>	<p>The registered manager should ensure that in view of new information received, one identified member's assessment of need and support plan is reviewed and updated.</p> <p><b>Ref : 5.3</b></p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The identified member's assessment of need and support plan has been reviewed and updated in view of new information received.</p>



<p><b>Recommendation 5</b></p> <p><b>Ref: Standard 8.2</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 29 May 2015</b></p>	<p>The registered manager should ensure that members receive updates from partnership meetings, and the displayed minutes on the members' notice board include the most up to date version.</p> <p>In addition the members' folder is kept up to date to reflect current information.</p> <p><b>Ref : 5.4</b></p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Copies of all minutes of partnership meetings are up to date on all 3 notice boards and will be replaced each time a new meeting takes place. The members information folder has been updated and will be reviewed on a regular basis.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref: Standard 8.4</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 30 June 2015.</b></p>	<p>The registered manager should ensure that a copy of the annual report of Abbeyview Beacon Day Support centre for 2014-2015 is submitted to RQIA upon completion.</p> <p><b>Ref : 5.4</b></p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken</b> The annual report is currently being drafted and will be completed and forwarded to the RQIA by 30<sup>th</sup> June 2015</p>		
<p><b>Recommendation 7</b></p> <p><b>Ref: Standard 23.2</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 30 June 2015.</b></p>	<p>The registered persons should review staffing arrangements and escalate staff recruitment for a project worker. RQIA should be advised of the outcome.</p> <p><b>Ref : 5.5</b></p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken</b> Prior to this inspection one project worker had been recruited and was waiting confirmation of a commencement date from HR, this has since been agreed as the 1st of July. At the time of the inspection the 30 hr project worker was being covered by Eamon Burke and additional support was being provided by a peripatetic project worker staffing arrangements are reviewed each month on completion of the rota to ensure it meets the requirement's of the service users</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Cheryl Lester</p>	<p><b>Date Completed</b></p>	<p>18/06/2015</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Billy Murphy</p>	<p><b>Date Approved</b></p>	<p>19/06/2015</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Lorraine Wilson</p>	<p><b>Date Approved</b></p>	<p><b>24/06/2015</b></p>

*\*Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address\**