

# Unannounced Care Inspection Report 04 and 05 December 2017



## Mount Oriel Day Centre incorporating 'Skyways Club'

**Type of Service: Day Care Setting**  
**Address: 53 - 57 Saintfield Road, Belfast, BT8 7HL**  
**Tel No: 02895042695**  
**Inspector: Suzanne Cunningham**

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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 with a maximum of 85 service users. A programme of day care and day time activities is delivered Monday to Friday in the main building Mount Oriel; and a satellite location which was temporarily located in St Judes Church Hall at the time of this inspection, while their original premises in Ballynaveigh Centre was being renovated. Day care and day time activities is provided for adults living with one or more of the following needs: learning disability; who are over 65; have a diagnosis of dementia; have needs arising from a mental health diagnosis; physical disability; and/ or sensory disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Suzanne Lesley Collins
<b>Responsible Individual(s):</b> Mr Martin Joseph	
<b>Person in charge at the time of inspection:</b> Suzanne Lesley Collins	<b>Date manager registered:</b> 11 February 2009
<b>Number of registered places:</b> 85 - DCS-LD, DCS-LD(E), DCS-DE, DCS-I, DCS-MP(E), DCS-PH(E), DCS-SI	

### 4.0 Inspection summary

An unannounced inspection took place on 4 December 2017 from 11.00 to 15.45 and 5 December 2017 from 09.00 to 15.30.

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; providing the right care, in the right place, in the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements, and maintaining good working relationships.

Areas requiring improvement were identified in relation to improving service users individual care planning documentation and complaints.

Service users said "I like the company, gets us out of the house, we have a bit of a laugh and we can concentrate" (on activities); service users described the setting as a lifeline for them and said they miss it when they can't come to the setting; "we are made welcome here, its friendly and good, we get a cup of tea"; "I love coming here, I look forward to it"; "I like coming to do the activities". Overall the comments were positive and complimented the staff's delivery of safe, effective, compassionate and well led care.

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

## 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Suzanne Collins, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 13 & 14 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 and 14 February 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received from the registered manager and Belfast Health and Social Care Trust
- incident notifications which revealed one incident had been notified to RQIA since the last care inspection in February 2017
- unannounced care inspection report 13 and 14 February 2017

During the inspection the inspector met with:

- the registered manager
- twenty one service users
- six care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by service users, by staff or relatives.

The following records were examined during the inspection:

- two individual staff records
- six service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to December 2017
- a sample of incidents and accidents records from February 2017 to December 2017
- the staff rota arrangements during September, October and November 2017

- the minutes of service user committee meetings held in March, June, July and October 2017
- staff supervision dates for 2017
- monthly monitoring reports from February to October 2017
- the staff training information for 2016 & 2017
- the settings statement of purpose and service user guide.

Eleven areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 13 & 14 February 2017

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

This QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 13 & 14 February 2017

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>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (1) (c) & (d)  <b>Stated:</b> First time	The registered provider must ensure the action plan written following the incident on the bus is implemented by the transport team. The transport department must confirm the sharp edges on the steps of the identified bus have been made safe, there is a first aid box that is suitably stocked on the busses that serve this setting and the bus drivers have received basic first aid training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the above matters had been improved, the communication between the registered manager and transport	

	manager confirmed this had been actioned. A further incident regarding a staff member being injured by the sharp edge on the bus had occurred since the last inspection and the manager had communicated with the transport manager to ensure the bus was safe.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 26 (4) (a) <b>Stated:</b> First time	The registered provider must ensure the fire risk assessment that was due for review in 2014 is completed without delay.  <b>Action taken as confirmed during the inspection:</b> Inspector confirmed an updated fire risk assessment was available and up to date at the time of inspection.	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 24 (1) (3) & (4) <b>Stated:</b> First time	The registered provider must ensure the complaint made in July 2016 to transport regarding the bus arrangements is investigated and responded to by the right person in the trust. The outcome and action taken (if any) should be recorded in the complaints record.  <b>Action taken as confirmed during the inspection:</b> Inspector confirmed the record of the complaint and investigation outcome was available and provided evidence this had been improved at the time of inspection.	<b>Met</b>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered provider should improve the staff rota so the detail specifies the staff working and where, annual leave arrangements and cover, who is the manager or staff member acting in the manager's absence, which staff are in charge of each building and indicate role and responsibilities.  <b>Action taken as confirmed during the inspection:</b> The staff rota was available and had been improved at the time of inspection.	<b>Met</b>



<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First Third time	<p>The registered provider should put in place arrangements for staff who act up in the manager's absence to complete a competency and capability assessment which evidences they are competent, capable and willing to be left in charge in the manager's absence.</p> <p><b>Action taken as confirmed during the inspection:</b> The evidence of competency, capability and willingness to act up in the manager's absence was available and up to date at the time of inspection.</p>	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 7.7  <b>Stated:</b> First time	<p>The registered provider should put in place arrangements for service user written agreements to be formally reviewed annually and updated as required.</p> <p><b>Action taken as confirmed during the inspection:</b> Written agreements were available and mostly up to date at the time of inspection however a few gaps were noted in service user's individual records regarding updating written agreements, care plans and reviews which indicated some improvement was needed to develop staff skills in this area; and auditing for compliance. A new improvement regarding this is in the QIP for this inspection.</p>	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 19.3  <b>Stated:</b> First time	<p>The registered provider should make arrangements for file audits to be implemented. Evidence of audits being undertaken and outcomes should be recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> File audits had been implemented and were available and up to date at the time of inspection; however a few gaps were noted in service user's individual records regarding updating written agreements, care plans and reviews which indicated some improvement was needed to develop staff skills in this area; and auditing for compliance. A new improvement is detailed in the QIP for this inspection.</p>	<b>Met</b>

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 8.2 & 8.3  <b>Stated:</b> First time	<p>The registered provider should put in place arrangements for the review of the service users meetings. Records should evidence who is meeting, that the agenda reflects service user issues and promotes their involvement; and the minutes should be accessible for the service users.</p> <p><b>Action taken as confirmed during the inspection:</b> The format of the minutes and meeting had been improved in this regard and records that evidenced this improvement had been implemented were available and up to date at the time of inspection.</p>	<b>Met</b>
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 22.2  <b>Stated:</b> First time	<p>The registered provider should improve the frequency of staff supervision arrangements for temporary and agency staff which is compliant with this standard.</p> <p><b>Action taken as confirmed during the inspection:</b> The supervision record showed staff had four planned individual supervision sessions annually, staff discussion confirmed improvement in this regard at the time of inspection.</p>	
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 22.5  <b>Stated:</b> First time	<p>The registered provider should improve the frequency of staff appraisals so they are delivered at least annually and in compliance with this standard.</p> <p><b>Action taken as confirmed during the inspection:</b> Two staff individual records were inspected which showed they had received their appraisal, all records was available and up to date at the time of inspection.</p>	<b>Met</b>



<b>Area for improvement 8</b>  <b>Ref:</b> Standard 17.9  <b>Stated:</b> First time	The registered provider should improve the evidence of audits undertaken in the setting and recording of the same. Audits should be evidenced as in place and any actions taken to improve practice should be recorded for future inspections.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Monthly audits had been implemented by the manager and these were available and up to date at the time of inspection. Gaps were noted in service user's individual records regarding updating written agreements, care plans and reviews which indicated some improvement was needed to develop staff skills in this area; and auditing for compliance. A new improvement is detailed in the QIP for this inspection.	

### 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 settings daily staff arrangements and records were inspected for September, October and November. This provided evidence that on average between nine and fourteen staff were on duty daily in Mount Oriel and two in the satellite service called Skyways. The record had been updated daily regarding unplanned staff absences, to identify staff allocated to support service users who needed one to one care, allocate who was in charge of medications and who was in charge of the day care setting.

Competency and capability assessments had been completed for staff who had acted up in the manager's absence and one record was inspected. This identified the staff who may be in charge were willing to undertake management tasks, understood and had the knowledge to fulfil their role and responsibility in the absence of the manager.

Service users' needs were varied in this setting, some service users were observed moving around the setting, communicating confidently and were selecting their own activity, particularly in Skyways; some service users needed more staff support to get involved and a small number required one to one support. Observation of these arrangements showed staff were promoting and encouraging service users to be independent when it was safe and activities focussed on developing social skills, their concentration and developing creative skills.

The service users care plans that detailed one to one care were examined to ensure arrangements were safe and proportionate. The records showed: the one to one care decisions had been made by a multidisciplinary team; was discussed with carers/relatives; the plan was the least restrictive option available to keep the service user safe in the setting; the plan enabled them to take part in the activity schedule; and this was subject to continual review by the key worker.

There was an induction programme in place for all grades of staff which included the trust induction and reflection on their role and responsibilities after induction including identifying competency and areas for development. The records provided evidence staff were given the opportunity to develop the right level of knowledge, skill and understanding to provide safe, effective and compassionate care.

The settings training record demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2016/2017 were safeguarding; health and safety; infection prevention and control; first aid; COSHH; Epilepsy; manual handling and training to administer epilepsy medication.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified, recorded 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 indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

During the inspection of the main Mount Oriel site the 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 and it was noted fire exits were unobstructed, that the fire drill had been carried out in March 2017 and the fire risk assessment was not due for review until February 2019. Fire drills and review of risk had identified five service users who required personal evacuation plans to ensure their safe exit from the building if there was a fire. Discussion with staff revealed they were knowledgeable regarding these specific arrangements.

The visit to Skyways in their temporary premises found the staff and service users agreed the move had been positive in terms of the space they had gained. The space included kitchen space, male and female toilets, activity space and a large hall. Overall the premises presented as spacious and suited to the activities and need of this group at the time of the inspection.

The service users were asked if they felt safe in Mount Oriel and Skyways, overwhelmingly the feedback from service users was they felt safe in this day care setting, they said: "the building is safe, there is a bit more space"; "the room is safe"; "staff help us to feel safe"; "staff help us so we know what to do and where to go"; "every day is different"; this is safe place because of the company and staff"; "staff are good"; "our surroundings are safe".

Staff were asked is care safe in this setting, they said care is safe because they know the service users well including how they express themselves, communicate and triggers which means they know when to intervene or divert service users to stop behaviours escalating. Staff identified room sizes; managing space and where to place furniture were also considerations when reviewing safe care; as well as individual assessment and care plans. Staff identified they were cognisant of all service users health and safety in the setting from

what type of bus they get as some are easier to access, to promoting independence. Staff discussed the main centre had been well maintained, changes to the rooms, exits and updating of décor had been completed, and staff were fully aware of their responsibility to clear up spillage's, keep exits clear and report any safety concerns. Staff spoken to confirmed they had attended safeguarding training and knew when and how to report a safeguarding concern. One staff member said "we have a duty of care to our service users, a responsibility to provide safe and effective care".

### 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

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

The centre's service user guide contained information required by Regulations and Standards and the content was consistent with the settings registration with RQIA.

Six service users' care files were inspected across the two locations; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. There was evidence that files had been audited to improve timeliness and recording in the service user's individual records however two of the six inspected records needed to be updated. Generally in all service users records the care plans could be improved by including what each service users wanted to achieve in day care, the care plans could be written in an accessible format, and written agreements should be in place and updated for all service users. An improvement is made in the QIP in this regard.

Inspection revealed records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and they acknowledged 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.

On the day of the inspection the service users and staff in Skyways were planning to film their own version of home alone and this was screened on 20 December 2017. The inspector saw the film and the staff and service users are congratulated for producing an entertaining film that was innovative, creative and included everyone in the acting and production. Service users said they had fun taking part and were very pleased with the outcome and launch party.

Service users in both settings revealed they had taken part in a number of activities for example exercises, outings, singing, dance, and creative activities. Service users reported that they knew staff well in the setting, and knew what activities they could do in the setting. If they had a concern or worry about their care they could talk to any staff including the manager who they said would help them to resolve their concern.

Discussion with staff found they felt the centre was providing a good standard of care, they confirmed they were knowledgeable regarding service users' needs and plans; they worked well as a team and work together how to ensure each individual service user got the most from their time in the setting i.e. service users fulfilment. Staff described they used observation to map behaviours or what was working and what was not; how space was being managed and to gauge was service users plans achieving the best outcome. They also described they speak to carers and relatives as necessary to ensure care plans are up to date, concerns are managed and each service user was receiving the best care, in the right place. Overall staff described their communication and procedures had ensured they provided safe and effective care, they knew what each service user needed and how best to meet their needs. Staff confidently expressed their views and knowledge regarding safe and effective care.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing the right care, in the right place, in the right time and activities.

### Areas for improvement

One area for improvement was identified during the inspection regarding care planning documentation.

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

#### 6.6 Is care compassionate?

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

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. Service users confirmed they were asked their opinion regarding what they like 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, they said they look forward to coming to day care; staff always help them to take part and if they felt unsettled or cross staff had sat them down and helped them to calm and sort out what is annoying them. They all knew about their care plan and they confirmed they could read this if they wanted to. Service users said: "its brilliant here, we enjoy it"; "we come for a chat, it makes us feel better"; "sharing with someone who cares but is not involved is good". Overall the feedback revealed all service users spoken to do feel involved and cared for by staff that know them well and had been responsive to their needs.

Discussion with the staff revealed they have developed plans or routines to suit service users' needs in different areas of the setting. One room had introduced annual leave for service users because service users had talked about taking time off from day care but didn't feel they could, they therefore agreed a number of days annually they might want to take off and talk to staff when they want to take them; this has been an important step for some of the service users in developing their independence skills. Another room was focussing on building the activity schedules around what each individual enjoys; this required a lot of observation work as service users were non-verbal or had limited verbal communication. Skyways had encouraged their group to plan an activity schedule that involved everyone's skills, would develop their understanding of their community and promote their independence; and staff working with the elderly groups had focussed on ensuring they identified service users who needed one to one attention and provided this to encourage their involvement, keep their attention and ensure they enjoyed the social benefits of attending the day care setting.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 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 use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed eleven complaints had been recorded since 01 April 2016 to 31 March 2017. Since the last inspection six complaints had been recorded regarding the busses, varying from the timing of pickups to the driver's attitude, the environment on the bus and drivers not being covered when they were absent. These were similar to the complaints about transport in the previous year. There was evidence these were forwarded to the manager of transport however, the ongoing complaints suggests there is a lack of improvement focus in this area and an improvement is stated in the QIP regarding this.

The manager provided monthly audit records of supervision, care records, infection prevention and control, 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.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. 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 said they work well together as a team and were satisfied that they could ask management for anything. They said the setting was a supportive environment to work in and the managers were approachable. Staff said they have the minimum standards in their mind when working and aspire to exceed these; they had listened to daily feedback from service users and used this to improve their care and planning. They acknowledged staff has different strengths in the setting and they had worked together use those throughout the settings and benefit all service users.

### 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 was identified during the inspection regarding the action taken following the complaints made by service users and relatives about the busses.

	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 Suzanne Collins, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.



### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 7 &amp; appendix 1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2017</p>	<p>The registered person shall improve arrangements in place, including following up on audits activity to ensure service users individual records are kept up to date, are current and contain records as stated in Appendix 1.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Acting Manager will implement these key points regarding ensuring the above:</p> <ul style="list-style-type: none"> <li>• Systematic auditing of all service files will take place with support from Senior Day Care Worker. Records will be updated accordingly by Day Care Workers.</li> <li>• Individual service user review schedule for 2018 is in place. Day Care Workers to work through.</li> <li>• Supervision dates with Day Care Workers are in place. This is a further opportunity to discuss and check records are up to date.</li> <li>• Staff will be reminded as service user's needs change to update care plans, etc as necessary.</li> <li>• Weekly staff meetings are a further forum for service user information to be discussed and records updated subsequently as required.</li> </ul>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2017</p>	<p>The registered person shall improve their arrangement in place to respond to complaints regarding the bus service in this setting. The trust should report on the returned QIP what actions they have taken to improve the service and prevent further complaints regarding the busses. They should also report what they are doing in the longer term to improve the quality of this area of the service.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> As per BHSCT Policy and Procedure for the Management of Comments, Concerns, Complaints &amp; Compliments</p> <p>It is evident that complaints received from service users in respect of Transport are resolved in a local and timely manner.</p> <p>In relation to improvements in the longer term the Transport Service Improvement Project is underway.</p>

	<p>The aim of this project is to streamline and make effective use of transport resources to ensure each service user benefits from a quality day care experience. The project will consist of key stakeholders working closely together to ensure a positive, professional service is provided to each service user attending the day centres. Following this Transport project it is envisaged that some improvements can be made quickly. The project team hope to look at sharing resources and will examine other options of transport across the centres.</p> <p>Whilst it is difficult to give a definite timescale, it is hoped 2 years will complete the project. The Trust's Framework on the Management of Staff Affected by Organisational Change and Staff Re-deployment Protocol will be applied to support the project implementation plan. The working group will fully engage with key stake holders in each part of the consultation process i.e. service users, carers, transport dept., trade unions, drivers, care assistants and day care workers. A range of methodology processes will be in the consultation process and will include face to face meetings, questionnaires, service user meetings/ reviews and carers meetings etc.</p> <p>It is hoped that all stakeholders will have an input into any new recommendations and improvements will be implemented for Day Care Services.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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