

Unannounced Day Care Setting Inspection Report 14 & 15 June 2016



Mountview Assessment and Resource Centre incorporating Mountview Workskills and Mountview Social Group

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mountview Assessment and Resource Centre took place on 14 and 15 June 2016 from 10:00 to 16:30 on both days.

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

Is care safe?

The inspection of six service users individual care files; staff records such as duty rotas, supervision and training; observations of the settings; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. In conclusion the care provided in this setting was avoiding and preventing harm to the service users in the setting and in the community. Furthermore the care, treatment and support was helping individuals to improve their future options and potential future outcomes.

Overall the inspection of “is care safe” concluded the minimum standards inspected were met. One recommendation was made for the manager to respond to the action plan in the day care settings fire risk assessment dated January 2016.

Is care effective?

The inspection of 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. We found individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection 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 dignity and respect and they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed to be clearly promoting the culture and ethos of the setting which ensures service users are listened to, valued and communicated with in an appropriate manner.

Overall the inspection of “is care compassionate” concluded improvements should be made to ensure the minimum standards inspected were met. Two recommendations are made regarding improving the bus drivers’ communication with service users and reporting on the service user’s views and opinions.

Is the service well led?

The discussion with staff and service users regarding the management arrangements were in place and their effectiveness revealed staff were clear regarding their roles and responsibilities and who they were managed by. Documents and records such as incident recording,

complaints recording, team meetings minutes, and evidence of staff support and supervision meetings demonstrated there were clear arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of “Is the service well led?” concluded the inspection of the minimum standards was met. No areas for improvement were identified during this inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the QIP within this report were discussed with Mr Seamus (James Joseph) Laird, 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.

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. The trust have submitted a variation of their registration since the last inspection. This removes Holyview, the horticultural setting from Mountview's registration. This had been agreed by the inspector at the time of this inspection.

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

2.0 Service details

Registered organisation / registered person: South Eastern HSC Trust	Registered manager: Mr James Joseph Laird
Person in charge of the day care setting at the time of inspection: Mr James Joseph Laird	Date manager registered: 26/02/2009
Number of service users accommodated on day of inspection: 14 June 2016 - 112 15 June 2016 - 113	Number of registered places: 150

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
- incident notifications which revealed twenty two incidents had been notified to RQIA since the last inspection on 10 November 2016
- unannounced care inspection report 10 November 2016
- statement of Purpose
- service Users Guide

During the inspection the inspector met with:

- the registered manager
- a senior day care worker
- six care staff
- seventeen service users

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff in Mountview. Two were returned by service users, four by staff and one by a relative.

The following records were examined during the inspection:

- six service users care files
- a sample of service users' daily records
- one complaint/ issue of dissatisfaction recorded from April 2015 to June 2016
- a sample of incidents and accidents records from January to June 2016
- the minutes of three service user meetings (January, March and May 2016)
- staff meetings held between January to June 2016
- staff supervision dates for 2016
- monthly monitoring reports from November 2015 to May 2016
- staff training information for 2015 and 2016
- a sample of policies and procedures relevant to safe, effective, compassionate and well led care

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17/12/2015

The most recent inspection of the day care setting was an announced estates inspection. One requirement was made for the Trust to develop a time bound schedule for decoration and refurbishment of this day care setting. The returned Quality Improvement Plan (QIP) detailed this had been responded to and there was no further follow up required.

4.2 Review of requirements and recommendations from the last care inspection dated 10 and 11 November 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2) (b) Stated: Second time	<p>The registered persons should report to RQIA the Trust's schedule for refurbishment of the remainder of the premises. This should include minor works such as redecoration where areas have exposed plaster and layers of paint, and use of furniture in the setting to ensure it is conducive to the needs of the service users and the service.</p> <p>The report must take into account the specific needs, of service users and timescales for works must be stated in the returned QIP.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed the minor works such as plastering and painting had been started and was scheduled for completion. The major works had been identified, the Trust were prioritising and scheduling work in line with funds available. RQIA was satisfied the trust was actively seeking a programme of refurbishment at the time of inspection.</p>	
Requirement 2 Ref: Regulation 18 (2) (e) Stated: First time	<p>The registered manager must review the toilets in the scout hall and address the strong odour of disinfectant in the male toilet. A more service user friendly way of managing the odour should be used. Action taken should be reported in the returned QIP.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed the above actions had been addressed. Service users reported they are happy to use the toilets in the scout hall.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18 Stated: First time	The registered persons should review and update the following policies and procedures in compliance with this standard: <ul style="list-style-type: none"> • consent - this policy was a trust policy dated May 2006 • quality improvement - this policy was an trust policy dated 2005 • complaints - this policy was a trust policy dated 2009 Confirmation that this has been completed and the revised documents are accessible for staff should be stated in the returned QIP.	Met
	Action taken as confirmed during the inspection: The policies and procedures requested for this inspection were available and up to date.	

4.3 Is care safe?

The review of the staff rota (entitled staff allocation lists) specified the staff covering each part of Mountview, staff who were absent and staff brought into cover absences. The staffing numbers and allocation of staff to roles and responsibilities was also discussed with staff on duty during the two day inspection. Each staff member identified what staff were in charge and how roles and responsibilities were divided between the staff group. This process usually happens during a morning meeting held prior to service users arriving. Observation, discussion and the staff rota evidenced there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of service users. The staff distribution arrangements across this large setting took into account the size and layout of the premises, the number of service users and their varied needs including one to one care. Prior to this inspection a carer had spoken to RQIA regarding the cancellation of their relative's days in Mountview due to staffing shortages. This specific example was examined during the inspection. This service user's day care was cancelled only once because the staffing levels were not at a level suitable to meet this service user's needs. RQIA was satisfied this was a safe approach.

The induction programme was discussed with staff and a current induction pack was reviewed for the newest member of staff in Mountview. The model used was the Northern Ireland Social Care Council (NISCC) induction standards, the trust's generic induction training and the centre's own induction programme to the day care setting specific to the roles and responsibilities for the grade of staff. The programme includes reading policies and procedures, shadowing staff, mandatory training and meetings with their supervisor. This was in place for all grades of staff within the centre and the shadowing/ training programme varied according to the specific job roles. Staff reported they felt supported by senior staff to fulfil their role and responsibilities in the day care setting. They said if they have any concerns or learning goals they can speak to the manager or senior staff who are open to providing support as required.

The new regional guidance - Adult Safeguarding Prevention and Protection in Partnership, July 2015, was discussed with staff and the management team. They confirmed the new regional guidance was available for staff. The last time they undertook vulnerable adult training was July 2015. The new guidance will be incorporated into the next mandatory training session. In the meantime they are discussing the new guidance in team meetings and the impact this will have on their practice.

The incident records that detail vulnerable adult or potential safeguarding issues were inspected. This evidenced all suspected and alleged safeguarding incidents had been fully recorded, promptly referred to the relevant persons and agencies for investigation and this was in accordance with procedures and legislation. A total of 29 reports had been written since January 2016 to the date of the inspection and 28 of those detailed minor altercations between service users. The detail recorded showed the altercations had been responded to quickly by staff which avoided incidents escalating. Behaviour management techniques such as diversion and redirection were commonly used to de-escalate incidents. Post incident records contained an analysis of the incident by staff and detailed measures to prevent reoccurrence. This evidenced the staff in this service were meeting the welfare, care and protection needs of the service users in Mountview. Staff described they do this by ensuring service users are appropriately supervised, effective diversion techniques and clear communication techniques are used. There was evidence staff are familiar with each service user and carefully plan to meet their individual as well as group needs.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the centre was kept clean and tidy; hand hygiene was promoted using notices and resources. This ensured high standards of hand hygiene among service users, staff and visitors. There were some physical restrictions in place such as locked doors, keypad entry systems, use of lap belts and one to one staffing. These restrictions were in place and agreed with the Trust's behavioural support team to meet specific needs that had been identified in the service user's assessments and care plans. Care staff informed RQIA they needed to ensure any restriction's in place were the least restrictive measure to meet identified service user's needs. Furthermore they had involved other professionals to confirm that the restrictions are necessary. A specific assessment tool had been developed to assess any restrictions in place. Six of these were inspected, they evidenced the assessments were current and they clearly documented any restriction's in place, reasons why they were necessary, and that they were the least restrictive method available.

A tour of the day care setting, discussions with staff and the registered manager identified there had been some maintenance works undertaken, for example plastering works and redecoration. The grounds were kept tidy and the trust were applying for money to increase the car parking spaces. This will improve the safety arrangements for transporting service users to and from the centre because the buses will have parking bays with more surrounding space for the safety of service users getting on and off the bus. In the meantime the current arrangements were made safe by staff supervision.

The day care setting's fire safety records were viewed for 2016. The fire risk assessment had been updated in January 2016. The registered manager was aware of the action plans following this assessment, however he had not recorded what; if any actions he had taken to address the risks identified. A recommendation is made for the action plan to be responded to by the manager without delay.

Discussion with service users provided evidence that staff regularly discuss the topic of safety with them. They had discussed safe choices with staff and safety generally in the day care setting, in the community and at home. Two service users returned questionnaires to RQIA regarding this inspection. They stated they felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded.

One relative returned a questionnaire. They stated 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.

Four staff members returned questionnaires to RQIA post inspection. They said the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities. One staff member wrote "I feel client care in Mountview is excellent...I know everything possible is done to ensure and to provide a safe and happy environment".

Areas for improvement

One recommendation is made regarding improving safe care in Mountview. This concerns the registered manager responding without delay to the action plan in the centre's fire risk assessment dated January 2016.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

The inspection of six service users individual care records provided evidence that the day care setting had effectively planned to meet the assessed needs of the people who use the service. Observation of care showed the care plans were being put into place by staff in an encouraging and person centred way. The staff were observed engaging the group and individual service users in activities. The six care plans inspected clearly described the service user's physical, social, emotional, psychological and spiritual needs and how they should be met in the service.

The care records inspected had been maintained in line with the legislation and best practice guidance. There was evidence care records had been updated and reviewed by service user's keyworkers in a timely manner or following a meeting; or the individual's annual review of their day care placement. The care records included life history information, risk assessments, and attendance records which detailed the health and well-being of the service users.

The care records inspected showed there was multi-professional input into the service users' health and social care needs assessment. For example behaviour specialists, speech and language professionals and other medical professionals had contributed to assessing needs and were part of formulating a plan to meet these identified needs. The needs were clearly described and transferred into a comprehensive care plan. Care plans presented as if they were written with the service user or relative. Pictures and words used were personal to the service user so that the individual could recognise their plan and assist staff to communicate with each individual. Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs. This knowledge was used successfully to communicate and engage with service users. Discussion with service users about what they

were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Mountview.

Staff discussed the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The band 3 and band 5 staff discussed how they work together to keep records up to date. The senior day care worker said supervisors review and update care records on a regular basis and when completed it is noted on the R3 contact record. Arrangements were not in place for more formal and meaningful audit programmes. However audit form templates had been devised and retained in care files. The registered manager described this was his preparation to commence a schedule of audits. The monthly monitoring visit and reporting is also viewed by the registered manager as an audit of practice.

Two service users' questionnaires stated they were getting the right care at the right time. They identified staff communicate well with them, their choices are listened to, they choose the activities they take part in and have been involved in the annual review of their day centre placement. One service user wrote "All staff helpful at all times".

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

The 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. One staff member wrote "a great deal of effort is involved in ensuring the clients are stimulated and feel they have a personal input".

Areas for improvement

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

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

This day centre meets the needs of a diverse group of people who have learning disabilities. Some groups are physically able and can take part in activities with little staff support; other service users have physical and behavioural needs that require a higher level of staff support and a more restricted environment. In spite of this diverse range of needs; the common ethos displayed by staff throughout the centre was that all service users need to be supported to take part. Staff were observed communicating warmly with the different groups to promote involvement. Staff were observed to be providing care confidently and effortlessly. Discussion with staff revealed the key to achieving good outcomes was in the planning. For example service users were involved in a music group activity that was delivered in the intensive support room. Staff carefully planned this activity for each individual with other professionals and relatives. The staff engaged all service users in music they and the other service users like. Each staff member was familiar with their role in the activity and they had integrated a system to obtain service user feedback, particularly important for those with no verbal communication. This communication system involved service users pressing a button to express their

participation. This was one of many examples observed that promoted the values of dignity and respect, independence and equality, choice and consent of service users in their activity schedule.

Discussion with staff in the different rooms regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Observations and discussions with service users taking part in activities showed participation was good.

Furthermore those service user's assessed to need staff support, received this in a timely manner so they were involved in the activity. For example in the scout hall two groups had been agreed, one was going on a walk and for those who didn't want to walk they had agreed to go to the library with staff. In another part of the day care setting service users were reading stories and singing. Some service users involved themselves in this activity, other service users were given one to one support to help them concentrate and communicate. Communication was promoted using technology, facial expressions, sensory activities, Makaton and by staff interpreting behaviour. Observation and interactions with service users during the inspection showed the methods of communication used were consistent with what had been written in their respective care plans.

During the inspection the transfer of service users getting on and off the buses was observed. This did reveal some concerns regarding bus drivers communication with service users as individuals had not been listened to, valued and communicated with in an appropriate manner. It was noted on two separate occasions bus drivers did not communicate effectively with the service users getting on the bus. They avoided eye contact and completed other tasks whilst service users boarded the bus. On a different bus one service user was finding boarding the bus challenging and staff worked hard to manage this. The bus driver ignored the service user. It should be noted this behaviour was not displayed by every driver. Discussion with the manager revealed the bus drivers were not managed by him but by the Trust's Transport Department, thus training, support or supervision could not be carried out by him to improve the driver's communication with service users. Minimum Standard 12.7 refers to "transport staff should be trained to deliver the necessary care and support of service users in their care". A recommendation is made to improve this arrangement.

The manager discussed the annual survey that is undertaken to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them. The most recent survey was completed in 2014/ 2015. Examination of the outcome report showed the returned surveys had been analysed however, there was no action plan written to address any themes or potential improvements. The survey for the 2015/ 2016 inspection year should include this on completion. A recommendation is made in this regard.

Discussions with service users revealed they felt positive about coming to Mountview. One service user told me they liked being in Mountview because the staff "make you feel at home", "the staff are great and friendly". Two service user's identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

The relative questionnaire said their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative is treated well and they are consulted regarding decisions.

The four staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon. One staff member wrote “I feel the clients are treated with dignity and respect and are very much involved in their care plans, likes, dislikes etc.

Areas for improvement

Two recommendations are made regarding improving compassionate care in Mountview.

These concerns:

- Improve the identified bus drivers’ communication with service users. Transport staff should be trained to deliver the necessary care and support while service users are in their care
- The annual survey report detailing service user’s views and opinions for the 2015/ 2016 period should include issues raised by service users and actions taken in response to issues
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Number of requirements:	0	Number of recommendations:	2
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4.6 Is the service well led?

An inspection of arrangements in place evidenced that effective leadership and management arrangements were in place. For example the statement of purpose which described how the setting works and delivers day care safely, effectively and compassionately. The statement of purpose also described the staff team in the setting as a group of experienced and well trained carers who have a clear management structure that guides and support them. The staff were made familiar with legislation and best practice guidance when attending training, in team meetings, when reading policies and procedures and in staff support mechanisms such as supervision.

We discussed the challenges the registered manager faces in this setting. One example he identified was staffing issues that had resulted in some cancellations of service users’ day care. He described his systems in place to ensure different service users are asked to miss day care. He also ensures their home care situation is not isolating and has opportunity for social activities, for example a nursing or care home setting. Alongside the decision to cancel some service user’s day care to ensure care is safe and effective for those attending, the registered manager has reported and highlighted the staffing issues with his line manager. This has resulted in the recruitment of new care staff to fill vacancies.

The complaints record revealed there has been one complaint since March 2015 regarding the bus arrangements. The investigation of the complaint concluded there are not enough buses in this setting to effectively meet the needs of the service users. In the scout group service users told me they like going out on the buses, to go shopping or to go to leisure centres. They did state “sometimes the bus lets us down”. The manager has no funding to improve or expand this service. Therefore in response to the challenges regarding the buses and drivers, the day centre manager has sought to fill future care assistant vacancies with staff that will have bus driving duties. This will have the potential to improve the transport arrangements in this setting.

The working relationships between staff and management were reviewed through discussion with staff and management, review of the minutes of staff/team meetings and analysis of questionnaires.

This revealed there are arrangements in place for staff to access their line manager such as supervision, open door access to management as required, and the registered manager regularly walks around the centre gathering general feedback and observing care practices. The feedback from the staff was the registered manager and the senior day care worker responds effectively to staff needs.

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

The relative questionnaire said the service was managed well; staff and the manager are approachable, professional and caring. They were informed about the complaints process and they have a copy of the service user's guide. One relative wrote "Very pleased with the service".

Three staff questionnaires identified the service is managed well, the service is monitored, and communication between the staff and management is effective. One staff member identified there was not enough staff meetings and these were held at least three times per year. This was checked during the inspection and more than four staff meetings had taken place since the last inspection. One staff member commented how impressed she was with the support from management in the setting.

Areas for improvement

No areas for improvement were identified regarding well led care during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr James Joseph Laird, 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.

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 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

Recommendations

Recommendation 1

Ref: Standard 28.3

Stated: First time

To be completed by:
10 August 2016

The registered manager should respond to the action plan in the day care settings fire risk assessment dated January 2016 to ensure all areas of risk identified are responded to without delay.

Response by registered person detailing the actions taken:

Following the most recent inspection the registered manager can confirm that the Action Plan has been reviewed and all actions for which the manager is responsible have been actioned or completed. All remaining actions are ongoing with the input from Estates Services. The registered manager has again reminded Estates Services of the need to complete all outstanding works.

Recommendation 2

Ref: Standard 12.7

Stated: First time

To be completed by:
10 August 2016

The registered person should improve the two identified bus drivers communication with service users. Transport staff should be trained to deliver the necessary care and support for service users in their care.

Response by registered person detailing the actions taken:

The registered manager of Mountview A.R.C has no line management responsibility for bus drivers, Therefore the registered manager will share a copy of this report with senior management for Trust Transport services. This identified area of concern was discussed with transport senior management on 25 July 2016 and the Transport manager agreed the following actions;

- The Transport Manager will meet with the two identified bus drivers to inform them of the findings in this report and address their lack of communication with service users.
- The Transport Manager will ensure all drivers are reissued with a copy of the Trust Behaviours
- The Transport Manager will meet with the Trust Organisation Workforce Development team and the Patient Experience Quality & Performance team to review the current training provided to drivers. The Transport Manager in conjunction with the Centre manager will ensure that drivers are trained to deliver the necessary care and support for service users in their care.

<p>Recommendation 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person should:</p> <p>(a) make appropriate arrangements for the summary/evaluation report to include qualitative comments and issues raised by service users and any actions, presented in an action plan regarding the day centres response to same (Minimum Standard 8.5)</p> <p>Response by registered person detailing the actions taken: The registered manager can confirm that the annual survey was and has always been completed in the month of June every year. This inspection took place on 14 &15 June 2016, the annual survey for 2016/17 had not been completed on the day of inspection, however the registered manager was actively in the process of preparing the annual survey, this was explained in detail to the inspector. Given this to be the case, the Trust is disappointed by this recommendation having been made given that the month had not ended. Despite this and as originally planned, as in every other year, the annual questionnaires were issued and returned as planned, these will help to form a summary/evaluation report which will be shared with service users and carers.</p>
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