

Unannounced Care Inspection Report 10 December 2018



Ravara Training & Resource Centre

Type of Service: Day Care Service

Address: 14 Ravara Gardens, Kilcooley Estate, Bangor, BT19 1SD

Tel No: 02891271304

Inspector: Suzanne Cunningham

www.rqia.org.uk

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 which provides up to 82 day care places each day. The day care setting provides care, support and day time activities for adults who are living with a learning disability who may also have a physical disability, sensory disability, autism, mental health needs, challenging behaviour and/or dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Sonia Byrne
Responsible Individual(s): Mr Hugh Henry McCaughey	
Person in charge at the time of inspection: Sonia Byrne	Date manager registered: 08/08/2016
Number of registered places: 82 - DCS-LD	

4.0 Inspection summary

An unannounced inspection took place on 10 December 2018 from 10.00 to 16.45.

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 induction; staff training; adult safeguarding; minimising restrictive practices; infection prevention and control; risk management; the day centre's environment; care records; audits and reviews; communication; culture and ethos of the day care setting; listening to and valuing service user's views; promoting service users independence; governance arrangements; quality improvement; and maintaining good working relationships.

No areas requiring improvement were identified.

Service users and a relative were asked what they thought about the service, one service user said: "staff are nice". The relative said: "everything is good, the staff are brilliant".

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sonia Byrne, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 30 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 August 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 by RQIA since the last inspection.
- Incident notifications which highlighted 5 incidents had been notified to RQIA since the last care inspection.
- Unannounced care inspection report and quality improvement plan from 30 August 2017.

During the inspection the inspector met with the manager, the staff on duty and more focused discussions were completed with two staff. The inspector greeted all of the services users in the group setting on the day of inspection and engaged with a focus group of four service users to obtain their views about this day care setting.

The following records were examined during the inspection:

- Four service users' care records, including a sample of activity records.
- A sample of service users' daily records.
- Four individual staff records.
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments record from April 2017 to December 2018
- Staff roster information for December 2018.
- The day centre's record of incidents and accidents recorded from June to December 2018.
- Fire safety precautions.
- A sample of minutes of consultation with service users' since the last inspection.
- A sample of minutes of staff meetings from September 2018 to December 2018.
- A sample of monthly quality monitoring reports from August, September, and October 2018.
- The Statement of Purpose, March 2018.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; two questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the assistant manager, service users and their relatives and staff for their contribution to the inspection process.

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

The findings of the inspection were provided to the assistant manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated DD Month Year

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

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

6.2 Review of areas for improvement from the last care inspection dated 30 August 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
Area for improvement 1 Ref: Regulation 20 (1) & (2) Stated: Second time	The registered person shall review and improve the arrangements for the domiciliary staff that care for specific service users in the day care setting. Guidance must be put in place regarding their roles and responsibilities as care staff in the day care setting which is compliant with this regulation. This review	Met

	<p>should consider:</p> <ul style="list-style-type: none"> • The intention of the policy and use of domiciliary care workers was to promote choice for service users who want to be cared for by their domiciliary care workers who are already familiar with their needs. However on the day of the inspection the worker had not met the service user before which questions is the policy and procedure being used effectively and as was intended. • Provision for Induction of domiciliary and directed support workers was not delivered prior to care commencing on the day of the inspection, please consider is this safe care? • Evidencing staff competence regarding the domiciliary workers should be further considered as training records were not always being sent to the manager prior to the worker commencing in the setting to assure competence, please consider is this safe care? 	
	<p>Action taken as confirmed during the inspection: The inspector inspected staff rotas and the manager's records for Domiciliary staff who worked in the day centre. This provided evidence the manager had met with the agencies regarding the staff they allocated to service user in the day centre. This ensured the manager had the right information in relation to staff experience and ability to assure care provided to service users in the day care setting was safe. Induction of domiciliary staff was recorded and supervision/ support meeting minutes were also recorded. This was a significant improvement and no further gaps in safe practice in this regard were found at the time of inspection.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 23 Stated: Second time</p>	<p>The registered person shall review the staffing levels with the staff in Ravara TRC to ensure activities and all elements of personal care, as defined in the day care setting standards, is carried out in a timely and effective way.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Since the last inspection the manager or person in charge had reviewed the number and ratio of care staff and management team on duty daily. The inspection of staffing records, the discussions with staff and observations of practice provided evidence the staffing of activities and personal care had been improved and plans to recruit permanent staff was in process at the time of inspection.</p>	
<p>Area for improvement 2 Ref: Standard 12.4 Stated: Second time</p>	<p>The registered person shall arrange for the management team and trust transport manager to review the service users bus journey's to and from the day care setting. Where possible bus journeys should not normally exceed 45 minutes, therefore for those journeys that exceed this "where possible" the timeliness of the journeys should be improved.</p> <p>Ref: 6.2</p>	Met
	<p>Action taken as confirmed during the inspection: A review of bus journey times and service user's views regarding the same had commenced. Bus journeys were being analysed and the users concerns were gathered and analysed to see if they could be resolved. Changing routes, numbers of service users on busses or by merging bus journeys undertaken by other settings was being considered at the time of inspection.</p>	
<p>Area for improvement 3 Ref: Standard 21.1 Stated: First time</p>	<p>The registered person shall improve the induction for new staff so it includes a competency type of induction in keeping with NISCC's Induction Standards.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: This had been introduced to staff who that had commenced working in the day centre in 2018. Records showed staff was working through the standards, reflecting on their knowledge and practice.</p>	

Area for improvement 4 Ref: Standard 3.2 Stated: First time	The registered person shall improve the service user individual written plan/agreement so it is written in an easy read format and each service user has a current service agreement that is communicated in a form that is understood by the service users. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The service user's written agreement had been improved and was available and up to date in two of the four service users' records which had been updated following their recent review.	

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 inspector reviewed the setting's systems in place that avoid and prevent harm to service users which included a review of staffing arrangements within the day care centre. The staffing rota showed on average there was two to three day care staff allocated to each room/ group. This varied in accordance with service user numbers, the ability of the group and individual preferences, for example two service users were observed on the day that needed one to one support to safely take part in activities. This was provided by domiciliary care workers and the service user or their representative had arranged the support to take place in day care. Previously induction, support and supervision of the domiciliary care staff who undertook this role was not in place, however arrangements in this regard had been improved.

The staffing rota showed all duties for the day, specific care as described in service users individual plans and rooms were allocated to named staff. Observation of the staff working on the day of the inspection found staff were delivering a programme of activities that was suitable for the groups of service users. Activities available included singing, sensory trolley and art/ craft projects; furthermore the staff were encouraging the service users to communicate throughout to promote their social interaction and communication skills. Overall the staffing levels presented as satisfactory to meet the service users' needs on the day of the inspection. Discussions with staff identified that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. The staff identified there were still staff absences and they move staff around to cover duties, however they acknowledged arrangements in place were improved. Therefore whilst staff absences still had the potential to impact on the activity programme provided to service users, the staffing arrangements were adequate to meet service user's needs.

Discussion with the assistant manager and staff confirmed that in their opinion at all times sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. When required, the management team had supported staff in the provision of direct care and inspection of the staffing rota verified this arrangement was in place. Observation of care during this inspection verified service users' needs were met by the staff on duty that presented as knowledgeable and were fully appraised of the service users' needs who were in their care.

The manager confirmed that staff employment records were held within the SEHSCT human resources department. Recruitment of new staff was stated as undertaken in compliance with the Trust's policy/procedures, legislation and day care standards. The inspection records for newly recruited staff did not find any variance in these arrangements.

On the day of the inspection observations of the staff supporting service users did not highlight any areas for improvement in relation to their practice. Discussion with staff and inspection of two individual day care staff records found the NISCC induction standards were incorporated into the induction process. Furthermore inspection of records in relation to one agency member of staff and one volunteer verified induction processes were also in place for them, albeit they were tailored to their role, responsibility; knowledge and experience. The arrangements in place provided evidence the staff were enabled during induction to learn the skills and knowledge required to work safely and effectively in their new role, in the day care setting

Inspection of staff training records and discussion with staff on the day of inspection confirmed that they had received training to enable them to fulfil the duties and responsibilities of their role. The discussion with staff confirmed training was ongoing and this included specific training for staff to meet specific service user's needs.

The day care setting's governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting policy and system was in place. The staff recorded any incidents and accidents and this record was reviewed and audited by the registered manager. The records showed that the incidents had been effectively documented and responded to appropriately, for example identifying safety issues and risks with a record of actions taken to minimise risk of reoccurrence when appropriate.

The assistant manager advised that the doors in and out of the setting were managed to prevent service users wandering out unaccompanied and people walking in unannounced. Other restrictions that may impact on service users were in response to service user's individual needs and aimed to support the safe care of individual service users in the setting. Examples were the use of a service users purpose built chairs which may have secure straps, increased staffing levels to help a service user move around the setting safely and take part in activities, and behaviour management plans. Assurances were given by the staff and assistant manager that when a restriction was identified this was recorded clearly detailing why the restriction was necessary and how this promoted improved outcomes for the service user, in comparison to not having the practice in place. Two service users' individual records were examined and examples of care were observed which provided assurance the plans in place were the least restrictive measure in place and used for the shortest time possible to meet the service user's needs. Records also showed there was consultation with the multi-disciplinary team to ensure best practice that was appropriate to meet each individual service users' needs was in place.

Safeguarding arrangements in the day care setting were reviewed with the manager and this concluded the staff had noticed and reported concerns regarding poor care and service users' needs not being met in and outside of the day care setting. Two records examined showed trust and regional policy and procedure had been followed by staff and the management team which had ensured the service users safety and wellbeing was protected.

Observations of the environment concluded that it was clean and tidy. Discussion with the registered manager and observation of the environment found that furniture, aids and appliances presented as fit for purpose for the needs of the service users. Infection prevention and control measures were in place, and no obvious health and safety hazards were identified.

Fire exits were clear and free from obstruction. The last full evacuation drill was undertaken on 19 September 2018 and no improvements were identified. A fire risk assessment was completed in June 2017 and was not due for review until July 2019. The action plan was a working document that showed actions taken to address improvements identified in relation to fire safety.

Discussion with staff verified in their opinion the care was safe in Ravara. They said since the last inspection the agency staff used in the day care setting had been the same people, this consistency had improved the teams motivation, improved effectiveness therefore, everyone pulls together. Staff said every day is different and whilst they were still under pressure at times to cover duties and meet service users' needs due to staff absences, they had joined groups together or the manager and assistant manager were put on the care rota to ensure care remained safe, and as effective as possible.

Discussion with staff confirmed they were aware of their responsibility to raise concerns in relation to service users' wellbeing and poor practice, and were confident management would respond safely. Discussion with staff found they were very knowledgeable regarding each service user and the support they required in order to ensure their safety while in the day centre, and during outings. Discussions with staff and the registered manager provided evidence that they had an understanding of the management of risk, and an ability to balance assessed risks with promotion of independence and service users wishes. The staff confirmed they were cognisant of using the least restrictive measures for each individual.

Observation of staff in the day care setting and discussion with them revealed that they were supportive of each other and open communication was in place which was ensuring the team were working well together. Overall Discussion with staff verified that this approach was promoting safe and effective care for service users in the setting.

Discussion with service users concluded they felt safe in Ravara. They gave examples such as they were reminded by staff to be careful when moving and walking around the day centre and staff helped them to be safe. A service user said when they are on the bus: "seatbelt keeps me safe on the bus"; and staff helped them "eat slow and the right food".

One relative spoke with the inspector and said the service user "daily needs are met" and from day one they were confident about the "staff and safety". They summarised they trust the day centre to ensure care is safe.

Two service users/ relatives returned a questionnaire to RQIA post inspection, they identified they were neutral regarding the questions "is care safe" in this setting. The comments revealed

this was most likely in relation to the building day care is delivered in; one respondent wrote “we need a new building”.

Areas of good practice

There were examples of good practice found during the inspection in relation to staff induction; staff training; adult safeguarding; potential restrictive practices; infection prevention and control; risk management; and the day centre’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector reviewed the day care setting’s arrangements for responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was described in the settings Statement of Purpose.

Four service users’ individual files were inspected. They contained essential information such as: referral information; when required the multi-disciplinary assessment; behavioural support plan; communication assessment; manual handling and transport assessments; eating and drinking plan; epilepsy management plan; the activity plan; and a care plan. The care profile which contained relevant assessments, the plan and review documentation contained comprehensive recording that was person centred and holistic. Service users’ views, goals and personal objectives were incorporated into the documentation and when possible documents were signed by service users. This provided assurance there had been consultation with service users and they agreed to the content. When service users were not able to communicate their agreement in the same way, this was reflected in the recording and a relative or representative had signed the documentation.

The main document that directed care was the care plan, this described each service user’s individual needs and how they should be met. The standard format was written in the first person language which centred the care on the individuals needs using headings such as ‘what’s important for me, about me and my health, my communication, my medication, my personal care, my mobility, my eating and drinking, my living safely and taking risks’. The team are commended for their person centred approach in this regard that ensured each service users plan was about them and clearly described their needs to ensure they got the right care, in the right place, at the right time.

The records inspected contained evidence of audit which verified documentation was current and described the most recent needs and care plan to meet the needs. Records were stored safely and securely in line with data protection requirements.

Discussion with staff and the assistant manager provided evidence that they felt the care provided was effective. They confirmed there were effective communication systems between

staff, service users and / or their relatives; and the management team. For example the annual review and communication diaries which ensured staff, carers and other professionals received information relevant to the care and support of service users the day centre supports.

Staff also discussed they were working with service users to ensure they have involvement in their annual review which ensures they feel involved and their preferences or opinions are effectively integrated into the planning process. Overall discussion with staff provided evidence that they were knowledgeable regarding service users’ individual needs and their care plans. Staff confirmed that they use service users’ care records to guide their practice and recognised the importance of ensuring that such records remained current and relevant.

Discussion with service users confirmed they felt care was effective in this day care setting. They said they had attended their review meeting and they talked about what they had done and what they liked to do. Service users confirmed they knew about their care plan and the content included what they liked to do.

Two service users/ relatives returned questionnaires to RQIA post inspection, one identified they were “satisfied” and one was “very satisfied” regarding the questions “is care effective” in this setting.

Areas of good practice

There were examples of good practice found during the inspection in relation to care records; audits and reviews; and communication.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Observations of staff meeting service users’ needs during the inspection indicated that staff communicated with service users using a compassionate approach and respect. Service users were observed freely approaching staff to ask for assistance and staff were observed communicating using a variety of techniques depending on the service user’s communication needs. Observation of staff intervention with service users demonstrated that service users were treated with dignity while promoting and maintaining their independence and safety.

Staff were observed assisting and supporting service users physically, emotionally, cognitively and in relation to their communication in a sensitive manner. Discussion with staff regarding the activities they were delivering confirmed the activities available were consistent with service user’s ability, preferences and choice. Staff described in addition to meeting service users’ needs, when possible they aim to support service users to develop their strengths, and where they had been agreed support them to reach their personal goals.

Since the last inspection the observations of care, discussion with staff and review of activity plans found staff had developed a varied and needs focussed activity plan. Examples of activities made available since the last inspection were the sensory trolley, the projector, the service users choir, special olympics, the library group, keep fit classes, and danderball. Discussions with the service users confirmed they had the opportunity to be involved in the activities. A group were observed using the sensory trolley during the inspection and the activity created opportunities for the whole group to be involved with or without staff support. The service users were observed laughing and communication opportunities were also encouraged with the whole group. Overall staff were observed communicating with understanding and responding appropriately to service users including, those who had minimal verbal communication.

Discussion with staff and service users in the individual activity rooms found they had created names for each of the group activity areas. This was done in consultation with service users to ensure they had ownership of their space in the day care setting.

During the inspection staff were observed using communication methods that were appropriate for each individual such as Makaton; and visual cues.

The inspector reviewed the systems in place that promoted effective communication between service users and staff. The advocacy group records showed the staff and service users met at least quarterly to discuss the activities they had taken part in and the activity plan. The manager and staff had also promoted the 'friends of Ravara' group which was parents and carers group who raised funds for the setting to buy additional resources, and raised issues with the trust relating to the setting that they felt should be improved. One ongoing concern had been the building of a new day centre because parents and carers felt the current building was no longer fit for purpose. The trust met with the Friends group to assure a plan was in place to replace the building with a new purpose built centre, however there was no firm arrangements or funding in place to achieve this plan.

Discussion with staff provided evidence that they felt the care provided was compassionate. They said staff aim to involve all service users and or their relative in their care. They discussed they provide a varied timetable of activities for the service users that supports service users to get the most out of their time in Ravara. Staff described their knowledge and processes had facilitated everyone's involvement, for example knowing how best to meet individual needs, facilitating communication to ensure service users are able to give feedback regarding activities e.g. verbal communication, Makaton, non-verbal communication, and visual prompts. Overall staff described using a person centred approach to deliver care which supported and promoted a safe and a positive experience for service users.

Discussion with the service users found they were satisfied staff were giving them opportunities to be involved in activities they wanted to take part in such as Christmas dinner and pampering. Service users said "I like dinner in the centre" and "I like to get my nails done".

One service users relative confirmed they felt staff were providing compassionate care however, they were concerned the trust were not meeting the service users' needs by not replacing the building the day care was being provided in. They described in their opinion it was hard work for staff to meet service users' needs in the building because the facilities were old, ventilation was poor and activity spaces were not proper rooms and were divided spaces which impacted on the noise levels. The relative was concerned this was affecting the staff morale. In contrast the inspector observed staff morale was improved during this inspection and whilst they

did continue to advocate for a new building, the staff presented as motivated to provide compassionate care that was the right care.

Two service user /relatives returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding questions on “is care compassionate” in this setting.

The inspection of compassionate care confirmed the staff were actively promoting effective communication between service users and staff to involve service users in their care and improve their outcomes.

Areas of good practice

There were examples of good practice found during the inspection in relation to the culture and ethos of the day care setting; listening to and valuing service user’s views; and promoting service users independence.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Discussions with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff had received support and guidance. Staff spoken with during the inspection confirmed they were provided with a supervision meeting quarterly, and an annual appraisal. Staff described they can access management support if needed. The review of staff supervision records and observation of practice during the inspection verified these processes were in place.

The Statement of Purpose for the day care service was reviewed during the inspection and was found to be satisfactory. The document described the nature and range of the service to be provided and addressed the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. Evidence gathered at this inspection indicated that the service was operating in compliance with its Statement of Purpose.

The registration certificate was up to date and displayed appropriately.

The inspector inspected the monitoring arrangements and confirmed they were consistent with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by another manager within the sector who demonstrated a good understanding of the setting. The visits were a mixture of announced and unannounced visits, described their engagement with service users and staff,

and reported on the conduct of the day care setting. Any improvements identified were recorded in an action plan which was reviewed during the next visit.

The day care setting's last annual report had been written for the period up to December 2018. Matters included in Regulation 17 (1) and schedule 3 were reported on and an action plan was included which detailed areas for improvement.

The inspector discussed the recent development of the NISCC website and the adult social care learning zone. The manager and staff were encouraged to access this as a resource that may be beneficial for promoting staff development and training opportunities for staff in the day centre.

The complaints and compliments record was reviewed. Four areas of dissatisfaction or complaints were recorded since the last inspection. The review of the records showed the staff had encouraged service users and relatives to give feedback and they had been responded to in accordance with the trust policy and procedure. Areas for learning or improvement were clearly recorded and the service user's satisfaction with the outcome was recorded.

The inspector discussed arrangements in place that related to the equality of opportunity for service users. The inspector noted that the day care setting develops person centred care and support plans, and risk assessments for each individual service user. Other areas of equality awareness identified during the inspection included:

- Equality issues policy
- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Individualised person centred care
- Individualised risk assessment
- Disability awareness.

Discussion with staff provided feedback that they felt the service and staff were busy but well led. They said the management team support staff to develop the service and make improvements.

Two service users/ or relatives returned a questionnaire to RQIA post inspection and they identified they were "very satisfied" regarding questions on "is care well led" in this setting.

Areas of good practice

There were examples of good practice found during the inspection in relation to governance arrangements; quality improvement; and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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