

# Unannounced Care Inspection Report 3 May 2018



## Island Resource Centre

**Type of Service: Residential Care Home**

**Address: Cuba Walk, Belfast, BT4 1EQ**

**Tel No: 028950 43140**

**Inspector: Suzanne Cunningham**

[www.rqia.org.uk](http://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 with a maximum of 60 adult service users that live with a physical disability, sensory disability and/or mental health needs and receive day care and day time activities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Patrick Goan
<b>Responsible Individual(s):</b> Mr Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Patrick Goan	<b>Date manager registered:</b> 20 April 2009
<b>Number of registered places:</b> 60	

### 4.0 Inspection summary

An unannounced inspection took place on 3 May 2018 from 10.00 to 16.00.

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: staffing numbers; staff knowledge in regard to safe care, risk management; the day care setting environment; providing care, in the right place, at 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 the use and management of domiciliary care workers in this day care setting and written care plans.

Service users said “there is good banter and company”, “I can choose activities I want to do”; “it’s important for me to get out and have some fun”. The service users also confirmed they can and do have fun in the day care setting another service user said the day care setting was “important”, because “I like to get out of the house and this gives me the opportunity to be active”. One service user said “I like my input into the committee, (the hopefuls)”.

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
<b>Total number of areas for improvement</b>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Patrick Goan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 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 (BHSCT)
- incident notifications which revealed six incidents had been notified to RQIA since the last care inspection in October 2017
- unannounced care inspection report 11 October 2017

During the inspection the inspector met with:

- the registered manager
- twelve service users
- three staff

Questionnaires were given to the staff on duty to distribute between service users and representatives. A poster was provided for staff to be displayed in an accessible location which informed them how to access the RQIA online questionnaire for this inspection. No questionnaires were returned by staff; and five were returned by service users or relatives.

The following records were examined during the inspection:

- one staff induction record
- six service users' individual care files
- a sample of service users' daily records
- the complaints/ issue of dissatisfaction record from April 2017 to April 2018
- a sample of incidents and accidents records from October 2017 to April 2018
- a sample of the staff rota arrangements during February, March and April 2018
- the minutes of service user meetings held in 2017 and 2018
- staff supervision dates for 2017 and 2018
- monthly monitoring reports from December 2017 to March 2018
- the staff training information for 2017 and 2018
- Fire prevention records
- the settings statement of purpose and service user guide

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 11 October 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 11 October 2017

There were no areas for improvement made as a result of the last care 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.**

Records regarding staff working each day, the capacity in which they worked and who was in charge of the centre were inspected from February to April 2018, they showed the number of staff working allowed for two staff to support service users in the rooms where activities were taking place and support service users on outings. Review of staffing numbers found staff had been distributed around the setting to ensure the large premises was staffed thus service users could choose where they wanted to be in the setting. The manager or senior day care worker was in charge of the setting daily.

During the inspection it was noticed additional staff were in the setting providing one to one care. Enquiries revealed these staff are aligned to specific service users and funded through direct payments. The staff were domiciliary care staff who were supporting individuals to ensure they could enjoy the activities and opportunities in day care, they were organised on an individual basis by service users and their care manager / social worker and the staff were not part of the day care settings staff team. Whilst this arrangement was ensuring service users could exercise their personal choice and arrangements were person centred, the domiciliary care staff was providing direct care in a regulated setting using domiciliary care standards and regulations. These arrangements may not be consistent with day care setting standards and regulations. The discussion with the manager revealed arrangements were not in place that would assure the staffs compliance with day care setting standards and regulations. The manager was advised to improve arrangements for domiciliary care staff in the setting by describing in the settings policies and procedures how staff are recruited, how the manager will verify the domiciliary staff are fit to work in the day care setting, how domiciliary staff coming into the setting will be recorded in staffing arrangements, training for the staff and what support they will receive in the setting to monitor their conduct and compliance with the settings policies, procedures and day care setting standards and regulations. Records must be available for inspection that evidence compliance with the settings policies and procedures

and evidence the domiciliary staff in this setting are delivering safe, effective and compassionate care. An improvement is made in the QIP in this regard.

A competency and capability assessment had been completed for the Senior Day Care Worker (SDCW) who was in charge of the centre in the absence of the manager. The SDCW had completed the QCF level 5, which is the minimum qualification required for the position of registered manager and further evidence of her suitability to act up in the managers absence. Discussion with the SDCW found she was willing to act up in the managers absence, furthermore the inspection found she had the skills, experience and was therefore capable of acting up in the managers absence.

A basic induction to the setting was in place for all grades of staff within the centre which referenced the staffs' role in the setting. Since the last inspection one staff member had commenced their employment in the setting but had previously worked in another trust day care setting so had not completed an induction that included assessment of their competency. The record of their induction showed they had been informed regarding the role and responsibility they were undertaking, the service users' needs and plans in the setting, the lay out of the building and what they needed to do in an emergency, if a risk or concern including a safeguarding concern was identified. The manager was given advice regarding improving the staff induction by including an assessment of the staffs' competency and directed to the NISCC induction standards as an example.

Inspection of the staff training records showed staff had received mandatory training and other appropriate training relevant to their roles and responsibilities. For example staff had received training regarding safeguarding adults, first aid, fire safety, data protection, personal safety and MAPPA training which is focussed on preventing and managing challenging behaviour. The record did show one training refresher date was not consistent with the trust policy however the manager provided evidence the trust policy regarding training frequency was being changed to every two years. Subsequently the training had been booked in compliance with this new timescale for staff. The discussion with the manager, staff and inspection of training records showed staff were informed regarding current practice guidance which supported staff to meet service users' needs and support them safely and effectively.

The review of the settings incident and accident records revealed staff had recorded accidents and incidents that happened in the setting in accordance with trust procedures and they had recorded actions to be taken by staff to prevent further incidents. No incidents were identified that should have been forwarded to RQIA.

The manager and staff identified there was no restrictive practices being delivered in this setting. The manager was reminded to ensure service users who use wheelchairs were reviewed to ensure when their lap belt was secured during day care hours that this was a proportionate measure in response to their safety and comfort and was not an unnecessary restriction. Furthermore the relevant service user's assessment and plan should describe the service users needs and the plan to meet the needs including reference to service users' rights in this regard. This will ensure the care and support delivered is safe, effective and compassionate.

There had not been any suspected, alleged or actual incidents of abuse or safeguarding concerns reported regarding care in this setting since the last inspection. Discussion with staff revealed they were informed regarding their role and responsibility to protect all service users in the setting from harm and support them to live safely in the community.

The walk around the setting found the environment presented as safe, clean and tidy, furniture was accessible for service users to use and group rooms were not overcrowded. Staff discussed they support service users to be involved in the activities in a range of ways. For example by encouragement, providing physical help, assisting service users to communicate their needs and preferences and by providing emotional support. Staff discussed some service users in the setting have specific needs that they need met by staff to take part in the day care activities, they discussed these can change over time therefore they keep all staff up to date regarding needs and changes to plans. Staff also discussed ensuring service users are encouraged to be independent and they balance safe care with service users' right to be independent.

The last fire drill had been undertaken in September 2017 and this did not reveal any concerns regarding the evacuation. The settings fire risk assessment was last reviewed in March 2018 and the action plan was being addressed by the manager.

The service users were asked if they felt safe in The Island Day Centre, the feedback from service users was they felt safe in this day care setting. They said coming to the centre: "makes such a difference to my life"; "gives me focus". Service users also said staff encourage and support them to be involved and gain confidence in their ability, for example in the sewing room service users explained staff won't let them think they can't do something, they are encouraged to try and ask for help. Furthermore they identified staff let them make mistakes when learning which has helped them to understand its ok not to be perfect and they can learn.

Staff were asked is care safe in this setting, they said care was safe. They described practices that encourage safe care such as: familiarising themselves with the settings polies and procedures; knowing service users care plans which they were aware can change and confirmed changes would be communicated to all staff; they have an occupational therapist and physio therapist on site who can give advice and undertake appointments during day care time which is convenient for service users; day to day staffing numbers, in their opinion, were sufficient to ensure the setting had enough staff to provide safe and effective care; they monitor complaints and concerns as they can be early indicators of more serious problems; they share good practice examples; staff training available informed staff regarding how best to meet service users' needs and support service users in the setting; and liaise with the management team and other staff to ensure care is current and responsive to needs.

Five service users and relatives returned questionnaires to RQIA post inspection, they identified they were "very satisfied" regarding the question "is care safe" in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

In conclusion the inspection of records, discussion with staff and observations showed the care and support delivered by staff was intended to help them and support service user's safely in the day care setting.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing numbers; staff knowledge in regard to safe care, risk management and the day care setting environment.

## Areas for improvement

One area for improvement was made in relation to the use and management of domiciliary care in this day care setting.

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

### 6.5 Is care effective?

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

Six service user's care files were inspected. Individual assessments and care plans were in place for each service user that reflected their physical, social, emotional, and psychological needs. There was also in place for individual service users service users agreements that set out the terms of their day care placement, records such as the assessment of needs, life history, risk assessment when risks were identified, care plans and regular recording of the health and well-being of the service users. The sample of records inspected was up to date at the time of the inspection.

The inspection did find the accessibility of the care plan and content of the care plan could be improved. The manager was advised to work with staff to ensure service users personal outcomes were recorded and planned for, ensure there was a plan in place to meet all of the service users identified needs, for example if a service users has mental health or medical needs, there should be a description of how the need will be met or service user will be supported by staff and this should be consistent with the service users views, preferences and agreement. Furthermore the plan should be presented in a format that is accessible for the each individual service user. An improvement is made in the QIP in this regard.

Discussion with the person in charge revealed records were stored safely and securely in the day care setting, in line with data protection. Staff discussion confirmed they were using the individual records to guide their practice and they understood the importance of keeping records current and relevant.

Systems were in place to review the service user's placement within the centre and ensure that it was appropriate to meet their health and social care needs, including an initial review and annual reviews. In relation to the records selected for inspection the reviews had happened within the required timescales and service users plans had been updated.

Service users spoken to during the inspection felt they were in the right place to receive support and care that met their needs. They explained they had learnt new skills, they could ask staff at any time for support or help and they would give them what they needed. They said "nothings too much trouble"; "in the sewing room I'm in my comfort zone". One service users described how staff had helped them to get more help with their mobility and commented this had made a real difference to their mobility.

Service users said they liked the activities on offer in the setting. On the day of the inspection activities on offer were sewing, computer workshop, games, outings, and relaxation.



Discussion with staff revealed they felt they were providing effective care for service users in this setting. They said they knew what care was needed because they had familiarised themselves with the care plan, liaised with social workers, sought service users views and preferences, shared information as a staff team and were undertaking one to one work with individual service users. Observation of care provided evidence that staff did know the service users’ needs well and were responding to personal preferences however, as already stated the recording in the care plans could be improved in this regard.

Observation of care and discussion with service users identified a number of service users had specific needs, staff were observed using individual approaches with service users to promote their involvement and ensuring everyone had the opportunity to communicate their preferences. Overall the observations undertaken during this inspection showed service users had opportunities to be involved in their care and the activities being delivered.

Five service users and relatives returned questionnaires to RQIA post inspection, they identified they were “very satisfied” regarding the question “is care effective” in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Overall discussion with staff, review of records and observation of care showed communication and procedures had ensured staff provided safe and effective care, they knew what each service user needed and how best to meet their needs.

**Areas of good practice**

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

**Areas for improvement**

One area of improvement was identified in relation to improving the content of the care plans

	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 and observations of care showed service users were treated with dignity and respect and staff were promoting and maintaining service users’ independence by providing the right level of support to help them to engage and participate in meaningful activities, social events, hobbies and interests.

On the day of the inspection the service users spoke about activities they were enjoying, for example the sewing group who showed the inspector the projects they had completed and new items they were working on. Observation of the group found staff were on hand to offer advice and teach new skills when required. The service users said belonging to the group had increased their confidence, one said they “have a go and with staff they can achieve”, another

service user said “I live on my own so here is good to make friendships”; another said “this place is my salvation”. Service users were also observed playing table top games, and were being supported by staff at a level according to their needs. They confirmed the staff support was right for them and they could speak to the manager, deputy manager, key worker or any staff if they had a concern or were dissatisfied. Service users in the sensory room were observed taking part in person centred sessions that featured music they liked and time to move around freely with staff support. The service users in the room confirmed (using non-verbal signs) that they were enjoying the activity. Overall the observations of staff responses and their communication with service users showed they knew how to put service users at ease; support them to have fun; and ascertain their choices.

The service user meetings record was inspected for 2017, there was minutes of the meetings held with service users that were facilitated by service users. A sample of the minutes showed the meeting’s agenda aimed to improve the provision of day care across the trust. The minutes provided a clear record of who was involved, the agenda, what input the service users had including their comments, views and suggestions with action points to progress plans.

The annual service users’ quality assurance report had been written for 2017. The summary report identified some areas where staff could improve activities and these were acted upon; thus showing there was robust systems in place to promote effective communication between service users and staff.

Staff were asked to describe their delivery of compassionate care, they said staff had taken time to get to know each individual service user’s needs, plan and personal attributes as well as establishing open communication with each service user and their representatives to promote service users involvement in activities, planning and meetings. Staff also described they ensure good communication between staff and service users family/ representatives to ensure everyone is kept informed and can give their preferences and comments. Staff described themselves as “very understanding of service users’ needs” and they described this wasn’t just in day care but also in the community. Staff recognised they advocate on the service users behalf when the service user requests help and help service users understand the choices open to them. Staff described examples of how this had benefitted individual service users and improved their outcomes. Staff said they assist and support service users to make “informed choices”. Observations of staff consulting with service users during the inspection provided evidence the staff were openly supporting, caring for and enabling service users, and the staff were observed seeking opportunities to involve service users in their care and support.

Five service users and relatives returned questionnaires to RQIA post inspection, they identified they were “very satisfied”; regarding the question “is care compassionate” in this setting. By this they meant they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff.

### **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.

The Statement of Purpose for the day care service had been reviewed and updated by the provider in April 2018. The document clearly described the nature and range of services provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. In summary evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

There were a range of policies and procedures in place to guide and inform staff and staff advised they could access these via the trust online system or from the manager's office.

A sample of the staff supervision records was inspected and this showed three staff had met with their supervisor at least quarterly for an individual supervision meeting and annually for an appraisal meeting. These discussions were recorded and available for inspection.

Staff meetings were held frequently and at least quarterly, the minutes showed staff discussed issues regarding the operation of the day care setting and planned the day care provision. The minutes showed staff were discussing and acting on information that assured care was safe, effective, compassionate and well led, for example staffing arrangements; service users' needs and plans; incidents and learning from the same; complaints and compliments; activities; events; regulation issues; policies and procedures and health and safety.

Four complaints had been recorded in 2017 in relation to transport provision and meals. Review of the record, discussion with service users and staff revealed the issues of dissatisfaction reported had been responded to locally and resolved to the service user's satisfaction. The staff confirmed they were aware of how they should respond to a complaint or area of dissatisfaction and the service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience. One service user during a general discussion said they would like the dinners to be warmer when served; however other service users reported they were satisfied with the temperature of the dinners served. This was discussed with the manager who showed the inspector during lunch time how the staff kept the dinners warm and served them at the right temperature. Observation of this process did not reveal any concerns however, the manager was asked to keep monitoring the temperature of the diners being served.

A sample of Regulation 28 monthly quality monitoring visits (MMV) were inspected for December 2017 and January, February, and March 2018. This found visits were monthly, they were a mix of announced and unannounced visits, they qualitatively reflected service users and staff views and commented on the conduct of the day care setting. In summary there were arrangements and evidence in place to monitor and review the effectiveness and quality of care delivered to service users at appropriate intervals and the actions identified for improvement were followed up.

The annual report for 2017 was provided for this inspection, the report included matters listed in Schedule 3 and detailed how the setting could improve the care and support they were providing in relation to Schedule 3.

The staff were asked for their opinion regarding effective leadership in the setting, they described they were a supportive staff group and the managers treated them with respect. The management team had asked staff what they were interested in and what skills they have. Staff described they support each other to involve service users and want to ensure service users can discuss anything with them at any time. The managers were described as “very good”, “knowledgeable” and “approachable”. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable.

The service users were asked to describe the role of the manager and staff in the setting, they said they knew Paddy was in charge and there was a deputy manager, they described staff knew what they were doing and if they have a problem they can go to management or staff at any time. They said from experience they were confident they would get the right response to help or support them with their problem.

Five service users and relatives returned questionnaires to RQIA post inspection and they identified they were “very satisfied” regarding questions on “is care well led” in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

**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**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick Goan, 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 Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall improve arrangements for domiciliary care staff that support individual service users in the setting, the following improvement should be made to ensure compliance with this regulation:</p> <ul style="list-style-type: none"> <li>• describe in the settings policies and procedures how staff are recruited</li> <li>• a record that verifies the domiciliary staff who support service users in the setting are fit to work in the day care setting must be in place</li> <li>• domiciliary staff working in the setting must be recorded in staffing arrangements</li> <li>• training for the domiciliary staff who support service users in the setting must be planned for and recorded</li> <li>• support domiciliary staff who support service users in the setting will receive in the setting to monitor their conduct and compliance with the settings policies, procedures and day care setting standards and regulations must be planned for a support delivered must be recorded.</li> </ul> <p>Evidence of compliance with the settings policies and procedures and evidence the domiciliary staff in this setting are delivering safe, effective and compassionate care must be made available for inspection.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Registered manager will ensure a procedure for the recruitment of domiciliary care staff is included in the centre's day care procedures.</p> <p>Registered manager will request all domiciliary care staff or their employer to provide evidence of their fitness to work in the centre.</p> <p>Registered manager has added a daily rota to record the names of domiciliary care staff working with individuals who attend the centre, the name of the individual they are supporting and the hours worked in the centre. Domiciliary care staff currently report to reception and sign in and out of the building each day.</p> <p>Training for domiciliary care staff is provided by their employer. An induction is provided for domiciliary care staff by centre staff to ensure that the needs of the individual they are supporting are met in accordance with the individual's care plan e.g personal care, feeding</p>

	<p>and swallowing, hoisting etc.</p> <p>All domiciliary care staff will be required to attend a group supervision session facilitated by the manager/deputy manager on a quarterly basis to ensure compliance with the BHSCT Policies and Procedures and the day care setting standards and regulations.</p> <p>Registered manager will commence an active file in relation to all of the above in order to provide evidence that domiciliary care staff are providing safe effective and compassionate care to the individuals they are supporting and this will be made available for inspection.</p>
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall improve the accessibility of the care plan and content of the care plan in relation to:</p> <ul style="list-style-type: none"> <li>• record of service users individual personal outcomes</li> <li>• ensure there is a plan in place that meets all of the service users identified needs</li> <li>• the plan should be presented in a format that is accessible for the each individual service user</li> </ul> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Service user care plans are currently being reviewed under the Regional Quality Improvement Plan and this initiative will be completed by December 2018. In the interim period the centre are reverting to using the care plans that were in place before the current Paris care plans. These will better reflect personal outcomes, identified needs and are in a format that is more accessable and readable for individual service users.</p>



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