

Unannounced Care Inspection Report 26 April 2017



Limavady Community Development Initiative

Type of service: Day Care Service

Address: Roe Valley Hospital, 24a Benevenagh Drive, Limavady, BT49
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Tel no: 02877765438

Inspector: Dermott Knox

1.0 Summary

An unannounced inspection of Limavady Community Development Initiative took place on 26 April 2017, from 10:20 until 17:15.

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

Is care safe?

LCDI Day Centre premises were clean, well-furnished and in good condition, with no obvious hazards for service users or staff. There is comfortable space available for group activities with service users, including an attractive and safe walled garden. Staff rotas and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding procedures were understood by both staff who were interviewed. Staff members confirmed their trust in the caring qualities of their colleagues and were confident that poor practice would not be tolerated. Risk assessments were carried out at least annually, in order to minimize risks and to manage them consistently. Several service users have identified risks in relation to their mobility. Observation of the delivery of care throughout the inspection provided evidence that service users' needs were met safely by the staff on duty. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Detailed assessment information supported the delivery of effective care for three service users whose records were examined at this inspection. Progress for service users was recorded in good detail in all of the records that were examined. Service users, who met with the inspector, spoke about the importance of the day care service to their day to day wellbeing. There was written evidence in review reports of service users and their representatives being satisfied with the outcomes of day care in terms of benefits for them. Staff were deployed in a manner that made good use of their skills and experience. Two staff members spoke of supportive and positive working relationships within the small team. The evidence indicates that LCDI Day Care Centre is providing a level of care that can be further improved by better identification of specific objectives in the care planning process.

Is care compassionate?

Interactions between staff members and service users were seen and heard to be caring, encouraging and respectful. Personal care and confidential matters were dealt with discreetly and sensitively. Progress records, written at least once for every five attendances of each service user, were individualised and reflected the caring nature of the practices we observed. All of the service users, who spoke with us, communicated positive feelings on their enjoyment of attending the centre and the activities in which they engaged. Overall, the evidence presented at this inspection indicated that compassionate care was being provided consistently in LCDI Day Centre.

Is the service well led?

LCDI Day Centre has systems in place to inform staff on the responsibilities of their various roles and the expected standards of practice. There is a programme of training covering the identified needs of staff and there was evidence of the provision of satisfactory training opportunities. Staff members confirmed that they are supervised by the manager and that they have good support from their colleagues. Formal supervision had not been provided for the manager for more than a year. There was inappropriate terminology in some records, including minutes of a staff meeting. Monthly monitoring reports were clear, although some of these, along with several other written records in the centre, were not signed and had incomplete dates. Three areas for improvement are identified in this domain.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Geraldine Jones, 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 May 2016.

2.0 Service details

Registered organisation/registered person: Limavady Community Development Initiative/Ms Joanne Kinnear (registration pending)	Registered manager: Ms Geraldine Jones
Person in charge of the service at the time of inspection: Ms Geraldine Jones	Date manager registered: 08 April 2009

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 10 May 2016
- The log of contacts relating to the service, since the previous care inspection.

During the inspection the inspector met with:

- Five service users in a group and three individually
- Two care staff, in individual discussions
- The registered manager at the beginning and the conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users.

The following records were examined during the inspection:

- File records for three service users, including assessments and review records
- Progress records for three service users
- Monitoring reports for the months of January, February and March 2017
- Record of complaints
- Records for three staff meetings, held in October 2016 and January and March 2017
- Staff work schedules
- Fire safety records
- Quality survey report for 2016
- Policies and/or Procedures on Recruitment; Assessment, Care Planning and Review; Whistleblowing and Dignity at work.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 May 2016

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP has been validated by the inspector at this present inspection.

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

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(1)(a) Stated: First time	<p>The registered persons must ensure policies and procedures as identified in Appendix 2 of the Day Care Settings Minimum Standards (January 2012) are in place and in accordance with governing Northern Ireland legislation; the Day Care Setting Regulations (Northern Ireland) 2007; DHSSPS Day Care Settings Minimum Standards and current good practice guidance. Policies and procedures must be:</p> <ul style="list-style-type: none"> • robust and direct the quality of care and services • developed with input from staff and where appropriate service users • dated and ratified by the registered person when issued, reviewed or revised. <p>The registered person and registered manager must ensure the following seven identified policies and procedures are reviewed:</p> <ul style="list-style-type: none"> • Accident • Recruitment of Staff • Staff Induction • Staff Training • Safeguarding Vulnerable Adults • Volunteers • Whistleblowing. <p>Action taken as confirmed during the inspection: The manager confirmed that all of the required policies were available. A sample selection from the policies manual included, Recruitment of Staff, Whistleblowing, Involvement of Service Users and Anti-Harassment and Bullying, all of which had been either written or reviewed within the previous two years.</p>	Met

Requirement 2 Ref: Regulation 17(1) Stated: First time	<p>The registered person must ensure an annual review report of Limavady Community Development Initiative for the year 2015-2016 is completed that specifies information on all of the matters set out in Schedule 3. A copy of the day care setting's annual review report should be forwarded to RQIA with return of this QIP.</p> <p>Action taken as confirmed during the inspection: A copy of the annual review report for LCDI, 2016 was made available by the manager and had previously been forwarded to RQIA.</p>	Met
Requirement 3 Ref: Regulation 20 (1) (c) (i) Stated: First time	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users:</p> <p>(a) ensure that the persons employed to work in the day care setting (i) receive mandatory training and other training appropriate to the work they are to perform.</p> <p>The registered person must ensure all staff and volunteers receive fire safety and food hygiene training and any other relevant training.</p> <p>Action taken as confirmed during the inspection: Records of staff training provided evidence that this requirement has been met. Significant progress has been made in improving the procedures for employing volunteers and for ensuring that they are appropriately trained.</p>	Met
Requirement 4 Ref: Regulation 21 (1), (2) and (3) Stated: First time	<p>The registered person must not employ a volunteer to work in the day care setting unless —</p> <p>21 (1) (a) the person is fit to work in the day care setting; (b) subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2; (c) he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person.</p> <p>(2) The registered person shall not allow a person who is employed by a person ("the employer") other than the registered person to work in a</p>	Met

	<p>position where he may have regular contact with service users in the day care setting, unless—</p> <p>(a) he is fit to work in the day care setting;</p> <p>(b) the employer has obtained in respect of that person the information and documents specified in Schedule 2; and has confirmed in writing to the registered person that he has done so; and</p> <p>(c) the employer is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person, and has confirmed in writing to the registered person that he is so satisfied.</p> <p>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless—</p> <p>(a) he is of integrity and good character;</p> <p>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work;</p> <p>(c) he is physically and mentally fit for the purposes of the work he is to perform in the day care setting;</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.</p> <p>The registered person and registered manager must ensure the day service has received satisfactory Access NI Enhanced Disclosure information concerning all volunteers before they commence working with vulnerable service users in Limavady Community Development Initiative.</p>	
<p>Requirement 5</p> <p>Ref: Regulation 26(2)(j)</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that vetting is completed for any volunteer before they commence work in the centre. Significant progress has been made in improving the procedures for employing volunteers and for ensuring that they are trained.</p> <p>The registered persons shall having regard to the number and needs of service users:</p> <p>Carry out a review of disabled access in the centre and make reasonable adjustments where considered appropriate to meet the needs of physically disabled service users.</p> <p>Consideration should be given to the provision of powered semi-automatic opening devices on</p>	<p>Met</p>

	<p>doors with a suitably wide opening clearance to facilitate unrestricted passage by wheelchair users.</p> <p>The returned QIP must state the outcomes of this review along with an action plan with timescales.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Powered opening devices have been fitted to the main entrance and exit doors and service users confirmed the value of these. Other adjustments have been made in the centre, for example the relocation of the toilet, to improve the facilities for use by those with physical disabilities.</p>	

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p>	<p>The registered person should ensure service user's care plans are signed and dated by the service user, the member of staff completing it and the registered manager. Initials should not be used. Where changes are made to the care plan, or this is updated or amended, all signatures should be obtained on the revised document (Minimum Standard 5.6).</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Three service users' care plans, examined at this inspection, were signed appropriately.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The registered person should ensure the summary/evaluation report completed as the result of service users' annual quality assurance survey includes:</p> <p>(a) the qualitative views and opinions of service users and their representatives and</p> <p>(b) If any actions are to be taken (with timescales) in response to issues raised.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The summary report for the annual service evaluation included both the opinions of service users and the action plan arising from the survey findings.</p>	

Recommendation 3 Ref: Standard 10.3 Stated: First time	<p>The registered person should ensure, in consultation with service users that the daily menu is displayed in a suitable format and in an appropriate location.</p> <p>Action taken as confirmed during the inspection: The daily lunch menu is now written on a whiteboard, mounted on the wall in the main activity room, where all service users have access to it.</p>	Met
Recommendation 4 Ref: Standards 17.6 & 17.8 Stated: First time	<p>The registered person should ensure the following documents are reviewed:</p> <p>(a) Statement of purpose so it fully reflects the information specified in Schedule 1.</p> <p>(b) The service users' guide so it contains a summary of the statement of purpose and all of the information specified in Minimum Standard 1.2.</p> <p>Action taken as confirmed during the inspection: The statement of purpose and the service user guide were examined and were satisfactory.</p>	
Recommendation 5 Ref: Standard 21.8 Stated: First time	<p>The registered person should ensure a record is kept in Limavady Community Development Initiative of all training, including induction, and professional development activities undertaken by staff. The record should include:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event • The date(s) of the training • The name and qualification of the trainer or the training agency; and • Content of the training programme. <p>Action taken as confirmed during the inspection: Records of staff training had been developed to include the recommended information.</p>	Met

<p>Recommendation 6</p> <p>Ref: Standard 24</p> <p>Stated: First time</p>	<p>With regards to volunteers, the registered person should ensure:</p> <ul style="list-style-type: none"> (a) The procedure for the involvement of volunteers details the arrangements for their recruitment, vetting, training and management. (b) Service users and staff are informed about individual volunteers' roles and responsibilities. (c) The scope of activity and responsibilities of each volunteer is specified in writing. (d) Records are kept of the recruitment, training, monitoring and support arrangements. (e) A record is kept of volunteers deployed, the days and hours of service and the range of work undertaken. <p>Action taken as confirmed during the inspection: A new procedure has been introduced to govern the selection, employment, vetting, training and management of volunteers. The manager confirmed that vetting is completed for any volunteer before they commence work in the centre. Significant progress has been made in improving the procedures for employing volunteers and for ensuring that they are trained.</p>	<p>Met</p>
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4.3 Is care safe?

LCDI Day Centre premises were clean, well-furnished and equipped and in good condition, with no obvious hazards for service users or staff. There is comfortable space available for group activities with service users, including an attractive and safe walled garden. The centre was appropriately staffed to meet the needs of service users.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where possible and appropriate, a relative/carer. The centre's policy on Assessment, Care Planning and Review had been reviewed in August 2016 and included reference to safeguarding service users. Risk assessments with regard to transport, gardening, computer use, cookery and moving and handling, were present in each of the service user's files, where relevant and included the measures required to minimise the risks. Staff were observed working attentively and safely with service users who used mobility aids. Powered opening devices have been fitted to the main entrance and exit doors and service users

confirmed the value of these. Other adjustments have been made in the centre, for example the relocation of the toilet, to improve the facilities for use by those with physical disabilities.

Staff recruitment and selection records are held in the building and recruitment records for a recently appointed volunteer were available for inspection. Staffing duty records and discussions with staff confirmed that staffing levels in the centre met the assessed needs of the service users. Safeguarding principles and procedures were understood by two staff who were interviewed. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Both of the day care staff were trained in fire safety awareness and in the use of equipment for control of a small fire. Up to date records of fire safety checks and evacuations were available.

During the inspection visit, four service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre, in the transport vehicle and in organised activities. Service users and staff regularly went out walking in the local area or on shopping trips and service users said that they enjoyed these outings. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely.

Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff team. No notifiable event had been reported to RQIA since September 2014 and no complaints had been recorded in the period since the previous care inspection.

The evidence presented supports the conclusion that safe care is provided in LCDI Day Centre.

Areas for improvement

No areas for improvement with regard to safe care were identified during the inspection.

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

The manager of LCDI Day Centre was registered on 08 April 2009. Other staff, similarly, have been in post for several years and demonstrated a strong commitment to supportive work with the service users. These staff expressed satisfaction with their working arrangements which allow them to spend almost all of their time in direct work with service users. The manager has one day per week, when no service users attend, in which to carry out management, administrative and record keeping duties.

Three service users' files were examined and each was found to contain well-detailed, written referrals, two signed by the service user and one of these extended to a specific placement agreement. Each file contained satisfactory assessment information on the individual and on his or her functioning. A range of risk assessments was included in each file and the total of the assessment and review records provided an indication of the service that would be provided to each person. Care plans were not set out as separate documents and specific care objectives were not included in a way that would facilitate the recognition and evaluation of outcomes that might have been achieved. It was not possible to judge from these records whether or not the purpose of each placement was being met. A recommendation is made to address this matter.

A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance. There was some evidence of the inclusion and involvement of service users in agreeing their records. Review records, informed by the progress notes and including the service user's views, were available in each of the files examined. Review outcome reports provided evidence that an evaluation of the overall suitability of each placement had been discussed in detail and agreed by all those involved. Staff stated that they had good working relationships with community based personnel who have referred clients to the day centre and who contribute to the review process.

Five service users in a group discussed their experiences of participating in the centre's activities and presented positive views of the support that they received from all staff. There was evidence of creative craft work, initiated by staff and much enjoyed by several service users who gained satisfaction and fulfilment from producing both practical and ornamental items. Three people expressed pleasure in spending time in the centre's garden and in joining in with the horticulture activities.

Overall, there was evidence to confirm that LCDI provides effective care, although the strengths of this service are not fully represented in the service users' records due to the absence of clear and purposeful care plans.

Areas for improvement

The registered provider should ensure that an individual comprehensive care plan is drawn up for each service user, in keeping with Standard 5 of The Minimum Standards for Day Care Settings, 2012.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. The centre provides a range of activities including, cookery, art and craft, computer skills, gardening, woodwork, games, exercises and outings. In all of the interactions observed, service users were engaged with respect and encouragement.

Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Service users were seen to be encouraged by staff and reminded or re-focussed in constructive activities. Staff demonstrated a good knowledge of each service user's assessed needs and worked to engage each person in activities of their choice.

There were measures in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. These included an annual survey and a report of the findings, service user meetings and day to day discussions, either individually or in groups. The results of the survey of service users' satisfaction, completed in September 2016, included the responses of sixteen people, with a 100% positive score on all ten different aspects of the service on which they were asked to comment.

The views of a sample of service users were sought during each monthly monitoring visit and their views were reflected in all three of the monitoring reports that were reviewed at this inspection. Five service users returned completed questionnaires to RQIA indicating,

unanimously, that they were very satisfied with the quality of the service in all four domains, Is care safe?, Is care effective?, Is care compassionate? and, Is the service well led?

Comments from service users included: "The day centre is the best", and, "G was my first carer and we have laughs". One relative who met with the inspector praised the quality of the service provided for her father, saying that he was always happy to attend.

The agenda for a service users' meeting, scheduled for 09 December 2016, provided evidence of a wide range of topics to be discussed, including those that had been requested by service users.

Overall the evidence indicates that LCDI Day Centre provides compassionate care to its service users.

Areas for improvement

No areas for improvement were identified with regard to compassionate care.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

LCDI Day Care Centre and the provider organisation have systems in place to ensure that staff are informed on the responsibilities of their roles and the expected standards of practice. The centre has management information set out in the statement of purpose, clarifying the leadership and decision making structure regarding the day care services. There was written evidence in the staffing records examined to show that staff members were appropriately experienced for their designated roles. Service users in the centre stated that the service is well suited to their needs and is organised and run by very caring people.

There is a planned programme of training, most of which is mandatory, and staff records showed that the training is provided regularly, in keeping with the minimum standards. Staff are encouraged to participate in other training that is relevant to their roles and their professional development. Staff confirmed that training needs were identified and met throughout each year. Formal supervision meetings for staff members were taking place, though not always in keeping with the frequency required by minimum standards. Individual staff members confirmed that they felt well supported within the team. Formal supervision for the manager, which was absent for more than a year, has now been scheduled by the recently appointed General Manager of the organisation. The assistant manager is deemed competent to take charge of the centre in the manager's absence and has fulfilled this role on several occasions. Team members confirmed that they have the confidence and support of their colleagues and that they are confident of delivering a good quality service to those who attend.

Required records were mostly well kept and up to date although there were a number of examples of undated and/or unsigned records, including, one monitoring report, assessments in one of the service user's records and a Volunteer commencement agreement. This is an identified area for improvement that was also identified in a previous inspection, with regard to service users' care plans. Agendas for staff meetings addressed an appropriate range of procedural, practice and specific service user matters and the key discussion content was presented in the minutes. Monthly monitoring reports for January, February and March 2017 were examined and were found to address the matters required by regulation. However, no reports were present for the period from August to December 2016. The manager confirmed

that these monitoring visits had been carried out and that the reports were probably available on the monitoring officer's computer. A requirement is made in this regard.

There was evidence to show that management has been provided effectively in many areas of the service. While some aspects of leadership have not been satisfactory, service users viewed the service as being well led in terms of the outcomes for them.

Areas for improvement

There should be careful attention to terminology used in the minutes of staff meetings, service users' meetings and other records and discussions so that service users are represented appropriately.

No reports of monitoring visits for several months in 2016 were available in the centre. The manager confirmed that the visits had been made but that reports had not been provided by the monitoring officer. All monitoring reports must be available in the centre.

There were a number of examples of undated and/or unsigned records and the registered persons should ensure that record keeping practice is improved.

Number of requirements	1	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms. Geraldine Jones, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 28(5)

Stated: First time

To be completed by:
31 May 2017

The registered provider must ensure that all monthly monitoring reports are available in the day centre for the manager and for inspection.

Response by registered provider detailing the actions taken:

Noted and Actioned. ALL monthly monitoring Reports are now filed in Daycare.

Recommendations

Recommendation 1

Ref: Standard 19.4

Stated: First time

To be completed by:
31 May 2017

The registered provider should ensure that all written records are appropriately signed and dated.

Response by registered provider detailing the actions taken:

Noted and actioned. We have ensured that all written Records are now Signed and dated.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office (non- paperlite) for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<p>Recommendation 2</p> <p>Ref: Standard 8.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered provider should ensure that terminology used in the minutes of staff meetings, in all other records and in verbal references represents service users appropriately and respectfully. The values underpinning the standards should inform the content of records and discussions.</p> <p>Response by registered provider detailing the actions taken: Noted and actioned. We will pay special attention to written references, ensuring that the appropriate language is used.</p>
<p>Recommendation 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider should ensure that an individual comprehensive care plan is drawn up for each service user, in keeping with Standard 5 of The Minimum Standards for Day Care Settings, 2012. The purpose of each person's placement at the day centre should be made clear through the stated objectives in the care plan. The required actions and activities and the desired and actual outcomes should be recorded and should relate to the stated objectives.</p> <p>Response by registered provider detailing the actions taken: As I, the Registered manager will be retiring in six weeks time, I have delegated the task of changing the format of the care plans to my Assistant manager who is working to improve the present format.</p>