

# Unannounced Care Inspection Report 2 May 2019



## Lakeland Community Care

**Type of Service: Day Care Service**

**Address: The Navar, Creamery Street, Derrygonnelly, BT93 6HN**

**Tel No: 02868 8641899**

**Inspector: Angela Graham**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a day care setting that is registered to provide care and day time activities for up to 14 service users for people over the age of 65, who may also be frail, have a physical disability, sensory impairment, mental health need, and/or early stage dementia. The day care setting is open Monday and Thursday and is managed by Lakeland Community Care Limited.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Lakeland Community Care Ltd  <b>Responsible Individual:</b> Patrick McGurn	<b>Registered Manager:</b> Patrick McGurn
<b>Person in charge at the time of inspection:</b> Senior Care Assistant	<b>Date manager registered:</b> 26 March 2009
<b>Number of registered places:</b> 14	

### 4.0 Inspection summary

An unannounced inspection took place on 2 May 2019 from 09.15 to 16.15.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, 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.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found throughout the inspection in relation to adult safeguarding and communication between service users and day centre staff and other key stakeholders. The culture and ethos of the day care setting promoted treating the service users with dignity and respect and maximising their independence.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

Areas requiring improvement were identified regarding care records, care reviews and staff training records.

Service users' comments are included throughout the report.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 5 July 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 July 2018.

#### 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 that no incidents had been reported to RQIA since the last care inspection on 5 July 2018
- Unannounced care inspection report and QIP from 5 July 2018.

During the inspection, the inspector met with two visiting relatives, the senior care assistant and two care staff. Introductions were made to service users during the course of a walk around the setting; with individual interaction with ten service users.

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

All respondents indicated that they were very satisfied that care provided to service users was safe, effective and compassionate and that the day care setting was well led.

At the request of the inspector, the senior care assistant 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.

The inspector requested that the senior care assistant 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.

A range of documents policies and procedures relating, to the service were reviewed during the inspection and are referred to within the body of the report.

Two areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for one area and partially met for one.

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

The inspector would like to thank the person in charge, service users, relatives and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 5 July 2018

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 5 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref: Regulation 4 (1)</b> <b>Stated: First time</b> <b>To be completed by: 31 October 2018</b>	The registered provider must submit a revised Statement of Purpose that includes all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan, which included the revised Statement of Purpose	

	and discussion with the senior care assistant confirmed that this area for improvement had been addressed.	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref: Standard 21.8</b>  <b>Stated: First time</b>  <b>To be completed by:</b> <b>31 October 2018</b>	<p>The registered person should maintain a staff training record that clearly details the training provided to the staff. The record should specify:</p> <ul style="list-style-type: none"> <li>• The names and signatures of those attending the training event;</li> <li>• The date(s) of the training;</li> <li>• The name and qualification of the trainer or the</li> <li>• The name and qualification of the trainer or the training agency; and</li> <li>• Content of the training programme.</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed a number of staff training records. These records did not include the content of the training or staff signatures. This area for improvement will be stated for a second time.</p>	

### 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 day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The senior care assistant described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the senior care assistant that sufficiently qualified, competent and experienced persons are working at all times 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. A review of the staffing roster for weeks commencing 1 April 2019 until 2 May 2019 evidenced that the planned staffing levels were adhered to.

Discussions with the senior care assistant, staff, relatives, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

Observation and discussion with staff on duty on the day of the inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach.

The senior care assistant confirmed that an induction programme was available for newly appointed members of staff.

A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities. Discussion with the staff member confirmed that they were willing to undertake this role.

Discussion with staff confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid, dementia awareness and moving and handling. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard. A number of training records were reviewed by the inspector. These records did not include the content of the training or staff signatures. This area for improvement has been stated for a second time.

During a subsequent telephone call on 3 May 2019 the manager advised that the day care setting are currently reviewing their training programme and that the training plan for 2019 will further incorporate training in areas such as human rights and deprivation of liberty training. This will be reviewed at a future care inspection.

Review of the accident/incident records confirmed that no accidents or incidents had occurred in the day centre since the previous care inspection. Discussion with the senior care assistant evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the senior care assistant and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussions with the senior care assistant and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The senior care assistant and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.



There were no recent or current adult safeguarding referrals or investigation records to examine. The senior care assistant confirmed that the organisation's safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding training. Discussion with the senior care assistant and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

During a subsequent telephone call on 3 May 2019 the manager confirmed that he was aware of his responsibility to complete the adult safeguarding position report for the day care setting and this report would be completed and available by April 2020.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the senior care assistant and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 7 January 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 14 March 2019 and the senior care assistant confirmed that the significant findings were being addressed. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Discussion with service users, their relatives and staff evidenced that they felt the care was safe. The following is a sample of comments made:

**Service users' comments:**

- "I am safe in the centre and staff keep me safe."
- "There is enough staff in the centre to care for me."

**Relatives' comments:**

- "I feel care is safe in the centre."
- "I feel there is enough staff to look after everyone."



**Staff comments:**

- “I have attended fire training and have had several fire drills; all is important to ensure service users are safe.”
- “Care is safe and we as staff are continually ensuring we deliver safe care. Good communication forms part of safe care.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to knowledge of adult safeguarding, the environment and infection prevention and control.

**Areas for improvement**

One area for improvement was stated for a second time in this domain in relation to staff training records.

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

**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 appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users’ care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

In one of the three care records reviewed a photograph of the service user had not been provided in line with Regulation 19(1)(a), Schedule 4 (2) of The Day Care Setting Regulations (Northern Ireland) 2007. This was identified as an area for improvement.

Care records also reflected the multi-professional input into the service users’ health and social care needs. A record was kept of each service user’s involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

Discussion with the senior care assistant and review of arrangements concerning the storage of confidential records confirmed that service users’ records were stored safely and securely in a locked filing cabinet.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service user's regarding their right to advocacy support and the role of the Patient and Client Council (PCC).

Discussion with the senior care assistant and review of records confirmed there were systems in place to review service user's placements within the centre and ensure that they are appropriate to meet their health and social care needs. In one of the three care records reviewed an annual care review had not been undertaken. This was identified as an area for improvement. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported. Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely.

Discussion with service users, their relatives and staff evidenced that they felt the care was effective. The following is a sample of comments made:

#### **Service users' comments:**

- "I am treated with the greatest of respect by the staff; we are offered choice at all times."
- "I have a care plan in place that I signed with staff."

#### **Relatives' comments:**

- "Always the same staff who know Xxxx needs."
- "Xxxx really enjoys coming to the centre, she is happy here."

#### **Staff comments:**

- "I feel the care is effective. We very much involve the service users in every aspect of the centre including menus, activities and outings."
- "We listen to the service users views and implement change."

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care reviews, communication between service users, staff and other key stakeholders.

#### **Areas for improvement**

Two areas for improvement were identified in this domain in relation to care records and care reviews.

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

The inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff described there was arrangements in place that ensured service users were consulted and their views and opinions were sought on a daily basis. Consultation with service users and when appropriate their relatives was recorded in service users individual records and were used to inform the assessment, care planning and review process.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Condiments were available for service users' use if required. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely.

Staff approaches and responses to services users was noted to be caring, cheerful and compassionate. Discussions with the senior care assistant established that they were aware of their responsibilities and requirements to ensure service users' confidentiality and consent. It was acknowledged that service users require varying degrees of support with their care needs, and that service user independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance.

The senior care assistant confirmed that service user meetings are held at generally monthly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in February, March and April 2019 evidenced service user feedback being sought in regards to transport, meals and activities. The minutes also reflected information provided to service users with regard to health and safety.

Discussions with staff established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. They recognised that giving and obtaining consent is a process, not a one off event.

Staff described the value they place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

Discussion with service users, their relatives, and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

#### **Service users' comments:**

- "I am treated very well here, always with dignity and respect."
- "I choose where I like to sit, what I like to do when I am here and what I have for dinner. The food is excellent."

#### **Relatives' comments:**

- "Staff are attentive, kind and caring."
- "My mother loves coming to the day centre."

#### **Staff comments:**

- "The service users are treated compassionately and their rights are respected."
- "It is very important that everyone is treated equally and their dignity is maintained."

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

#### **Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the senior care assistant confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The senior care assistant and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies and procedures were maintained in a manner that was easily accessible by staff.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The senior care assistant confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the senior care assistant confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The senior care assistant confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussions with the senior care assistant confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions or more often and that annual appraisal is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous inspection. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly. A monitoring visit had been undertaken on 18 April 2019. Three monitoring reports were reviewed from February to April 2019. The monitoring officer reported on the conduct of the day care setting.

Discussion with service users, their relatives and staff evidenced that they felt the service was well led. The following is a sample of comments made:

**Service users' comments:**

- "Good centre and well run. All goes like clockwork."
- "I have been told how to make a complaint but I have only praise for the staff."

**Relatives' comments:**

- "No suggestion for improvement; all appears to run well."
- "I have no complaints."

**Staff comments:**

- "The manager is always very supportive; I can call him at any time for advice and support."
- "I have regular supervision and annual appraisal."

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement, staff supervision and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified in this domain 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 senior care assistant, 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 19(1)(a) Schedule 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 June 2019</p>	<p>The registered person shall maintain in respect of each service user a record which includes the information, documents and other records specified in Schedule 4 relating to the service user including a recent photograph of the service user.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> As per initial inspection the service user records have been updated to meet the above requirement</p>

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2019</p>	<p>The registered person shall ensure the initial review takes place within 4 weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care. As a minimum, a formal review should take place once a year; however reviews must not become a “routine” or “administrative” task.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Reviews are requested from Social Workers. This can take place at irregular intervals but staff will carry out a review within the 4 weeks and annually if no Social Worker available.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 June 2019</p>	<p>The registered person should maintain a staff training record that clearly details the training provided to the staff. The record should specify:</p> <ul style="list-style-type: none"> <li>• The names and signatures of those attending the training event;</li> <li>• The date(s) of the training;</li> <li>• The name and qualification of the trainer or the</li> <li>• The name and qualification of the trainer or the training agency; and content of the training programme.</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> training records have been updated to include the above details as per previous QIP</p>



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