

Unannounced Care Inspection Report 17 August 2016



Mainstay DRP

Type of service: Day Care Service

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Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mainstay DRP took place on 17 August 2016 from 10.00 to 16.45 (24 hour clock).

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

Is care safe?

The inspection of eight service users' individual care files; staff records such as duty rotas, supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the setting's statement of purpose and ethos.

The staff in Mainstay day centre were observed responding to a range of service users' needs. They used the available space to ensure service users felt comfortable and settled. The service users described Mainstay as a good place for them to attend and the staff helped them. The staffing levels presented as responsive to service user's needs, welfare and safety. The premises presented as safe on the day of the inspection.

Overall the inspection of "Is care safe?" identified improvements should be made to achieve full compliance with the minimum standards inspected. Three areas for improvement were identified regarding improving the availability of aids and equipment for service users to use during meal times; increase the frequency of individual staff supervision meetings; and improve the settings staff supervision policy and procedure.

Is care effective?

The inspection of eight service users individual care records, incident recording, and discussions with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed. In seven out of eight care plans examined all of the needs were written into a plan for staff to follow. Review arrangements were in place which reviewed the effectiveness of care delivered to service users. One care plan did need to be updated and the care plans did not detail service user's personal objectives. Furthermore file audits were not being done.

Overall the inspection of "Is care effective?" identified the setting should improve three of their practices to improve their effective care in this setting. They were regarding improving the content of one service users care plan, regarding the service user's specific diagnosis. The content of all care plans should be improved so they detail how service user's personal objectives and personal preferences will be met. Finally audit arrangements for individual service user files should be put in place.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that staff were caring for service users with compassion. Staff were observed encouraging service users to comment on the care and support they were receiving. Staff were

observed listening to service users, asking their views and communicating with them in a supportive and caring manner.

Overall the inspection of “Is care compassionate?” identified some improvements should be made to further improve compassionate care in this setting. One recommendation is made to improve consultation with service users. One requirement is made to ensure ‘cover’ staff and temporary staff have the right knowledge and information to ensure all service users are cared for effectively and treated with dignity and respect.

Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. The monthly monitoring reports provided evidence that quality improvement is promoted in this day care setting.

Overall the inspection of “Is care well led?” identified care was consistent with the minimum standards inspected.

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	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Denise O’Shea, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 09 February 2016.

2.0 Service details

Registered organisation/registered person: Mainstay DRP/Mrs Helen Owens	Registered manager: Denise O’Shea
Person in charge of the service at the time of inspection: Denise O’Shea	Date manager registered: 22 September 2015

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager
- Incident notifications which revealed three incidents had been notified to RQIA since the last inspection on 09 February 2016
- Unannounced care inspection report 09 February 2016 and the organisations response to the inspection.

During the inspection the inspector met with:

- The registered manager
- One senior day care worker
- One day care worker
- Seven service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Mainstay. Five were returned by service users, none were returned by staff and one was returned by a relative.

The following records were examined during the inspection:

- Eight service users' care files including a sample of service users' daily records
- Four individual staff files
- The complaint/issue of dissatisfaction record which had eight issues of dissatisfaction recorded from 01 April 2015 to 17 August 2016
- A sample of incidents and accidents records from February to August 2016
- The minutes of the four group service user meetings. Ten meetings had been held and recorded in total for January, February, March, May, July & August 2016.
- One staff members supervision dates for 2015 & 2016
- One competency assessment for the senior day care worker
- Six monthly monitoring reports from February to July 2016
- Staff training information for 2015 and 2016
- The weekly staff rota for July and August 2016
- A sample of the Fire safety records for 2016
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 February 2016

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last specialist inspection dated 09 February 2016

Last specialist inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 28 (5) Stated: First time	Ensure the monthly visit report made on behalf of the registered provider is retained within the centre and made available on request to: RQIA, registered manager service user/representative and officer from HSS trust in the area in which the day centre setting is situated.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the monthly monitoring visits had been recorded for February, March, April, May, and June & July 2016.	
Last specialist inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.4 Stated: First time	It is recommended that training in continence management is provided with a record retained of all staff in attendance.	Partially Met
	Action taken as confirmed during the inspection: The manager has made attempts to source this and will arrange for the local specialist speak to staff. There was no one who needed continence support attending the setting at the time of this inspection.	
Recommendation 2 Ref: Standard 25.3 Stated: First time	Ensure the pillars within the hallway of the centre are painted as recommended by the sensory support staff.	Partially Met
	Action taken as confirmed during the inspection: The manager has made attempts to source this and will arrange for the local specialist speak to staff. There was no one who needed continence support attending the setting at the time of this inspection.	

Recommendation 3 Ref: Standard 25.3 Stated: First time	It is recommended that comfortable easy chairs/settees are available to service users where they can relax and rest for short periods, especially following lunch and at snack times.	Met
	Action taken as confirmed during the inspection: Some new easy chairs had been placed in areas service users relax in the setting.	

4.3 Is care safe?

Discussion with the registered manager at the beginning of the inspection revealed the day centre staffing arrangements were as described in the setting's statement of purpose. That is nine day care workers, one senior day care worker and a registered manager. This allowed for two staff to be on hand to meet service users' needs in each room plus facilitate outings as part of the activity schedule. Staff rotas are written a week in advance. A sample of these were reviewed for July and August which confirmed these staffing levels had been maintained. This record was compliant with standard 23.7, which states a record should be kept of who is working and in what capacity.

Two staff discussed safe care in Mainstay. They referred to key times when they need to be more aware of service user's safety such as lunch times when they need to be aware of service users swallowing needs and risks for each individual. Due to the number of service users who have individual assessments this can be a busy time for staff. However, they described the staff work together to ensure the right place mat which describes the needs and risks are with the right service user. Staff were clear who they support during the lunch time period. Observation of the lunch showed the staff were attentive and informed regarding individual needs during this time. Nevertheless some service users were eating their packed lunch off the table. There was no plate or cutlery laid out for service users to use, or a place for service users to collect their own dishes and utensils. Necessary aids and equipment should be available during meal times for service users to access. An improvement is recommended in this regard to ensure meal times are facilitated for service users in a healthy and safe way.

The staff discussed the quality of training they had received with Mainstay and how this had contributed toward safe practice. They described the training had improved because they had accessed training that was relevant to their roles and responsibilities. They described the training was practical based which enabled them to relate theory to practice in the working environment. There was also questions that tested them on what they had learnt during the session. The training records showed mandatory and additional training had been delivered to all staff. Examples of training delivered in 2016 were manual handling; first aid; vulnerable adults; infection control and food hygiene; health and safety; and fire training. Service specific training was also delivered such as swallow assessment and sensory training. The feedback from staff regarding this year's training was it was relevant to their role and responsibility, promoted safe practice and was focused on meeting service users' needs in day care.

Four staff files including one competency assessment was examined as part of this inspection. The staff files contained evidence that each staff member had experience, qualifications and had received an induction to ensure they could deliver the role and responsibilities of their job.

Professional registration and access NI checks were also recorded. The competency assessment completed with the senior day care worker who takes responsibility for the day

centre in the manager's absence provided assurance the staff member had been informed regarding the key tasks required when they assume responsibility. However, it did not confirm the manager and the senior day care worker were satisfied she had the required skills, knowledge and experience to act up in the manager's absence. Advice was given regarding the assessment, which should evidence competence in this regard.

Staff supervision arrangements were inspected and the frequency of the supervision meetings between staff and their supervisor should be improved. One staff record was inspected and this detailed one meeting had taken place in November 2015 and the next meeting was April 2016. No further meetings were planned. Discussion with the registered manager did not reveal any further examples of full compliance. The setting's policy and procedure states supervision should be delivered for staff quarterly and one of these can be a group meeting. This is not compliant with the Day Care Settings Minimum Standards 2012, standard 22.2 which states "Staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months". Therefore, a recommendation is made to increase the frequency of staff supervision meetings to achieve compliance with standard 22.2. Another recommendation is made to improve the policy and procedure so it is consistent with the standard in this regard.

There were systems in place that staff used to identify and plan to avoid unnecessary risks to the service user's health. Examples of documentation were assessments that detailed need and risk such as the transport assessment, swallowing assessments and the moving and handling assessment. Eight service users' individual records which were inspected provided examples of when staff had safely identified risk and need. The plans in place described for staff how they should meet each individuals welfare and safety needs. The registered manager stated at the time of this inspection there was no ongoing vulnerable adult concerns being investigated; and there was no examples of restrictive practices in place. Observation and examination of records did not reveal any concerns in this regard.

This day care setting is activity based care. The staff work with each individual and groups to promote service users independence, improve life skills, enable service users to make safe choices and experience the benefits of social interaction between service users which is facilitated by staff. The care is delivered in a range of rooms and outside space that facilitates group work, activities, crafts and horticulture skills. There is also a dining area, room with a pool table, a kitchen for service users to learn cookery skills in and bathrooms. These areas were all observed as accessible. The day centre environment presented as functional for this group, warm, comfortable and promoted freedom of movement for all service users. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

Seven service users were consulted with during the inspection regarding safe care. They described the day centre and care provided by staff in positive terms. One service user said "I wouldn't be here if it wasn't good", another said, when discussing the safety of the environment, "There is nothing to walk into, we can walk safely".

Five service users returned questionnaires to RQIA regarding this inspection. Service users' identified they felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable; they could tell someone if they were worried about someone being treated badly; and they knew what to do if the fire alarm sounded.

One relative returned a questionnaire. They responded their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Areas for improvement

Three areas for improvement were identified regarding "is care safe?" Three recommendations have been made to improve the aids and equipment for service users to use during meal times; increase the staff supervision sessions and improve the settings staff supervision policy and procedure.

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

The content of the Mainstay day centre statement of purpose was sampled. The document presents all of the information required in written form, in compliance with regulation 4 and Schedule 1 of The Day Care Setting Regulations (NI) 2007. The statement of purpose describes the service will develop plans and risk assessments for each individual and the service will respond to identified needs. Service users will be offered a variety of activities based on each individual's needs and preferences. Furthermore the staff will promote service users privacy; dignity; independence; rights; choice; and fulfilment.

The inspection of eight individual service user files provided evidence the description of the service in the statement of purpose was being put into practice. For example the individual care records included assessment of need. How the needs should be met by staff was documented in the care plan. The assessments and plans had been reviewed by staff with the service user at least annually. This practice had enabled staff to effectively support service users in this environment to take part in the activities on offer and informed staff regarding how they should meet service user's needs. However the review of specific service user's files did identify the following improvements:

- One service user has an assessment detailing a dementia diagnosis. The care plan did not detail how this specific need should be met by staff to ensure the service user was cared for compassionately and effectively. A recommendation is made for this service user's care plan record to be updated in this regard.
- The eight care plans detailed how assessed needs should be met however, they did not detail service user's personal preferences or objectives. Discussion with one service user identified they liked cooking and wanted to do more cooking activities but this was not detailed in their care plan. Service users individual care plans should be improved to ensure they detail how service user's personal objectives and personal preferences will be met as well as assessed needs. A recommendation is made in this regard.
- The service users files examined did not contain evidence of audit and discussion. Audit of files should be in place to ensure the quality of information recorded by staff promotes safe, effective and compassionate care that is consistent with the service user's views, preferences and needs. A recommendation is made in this regard.

The discussion with two staff identified the staff meetings, staff induction programme, staff training, good communication between staff, management's open door policy, knowing service users' needs and how to meet their needs made sure the staff were effectively meeting service users' needs and preferences. Furthermore they described the staff work with different groups

in the setting so they get to know everyone. Therefore, if a service user joins a new group or staff cover is required for a group, the service users have familiarity with the staff or the change in situation. The staff identified having overall knowledge of all service users assists all the staff in being aware of risks and challenges for the whole staff team, not just the group they are working with. Staff knowledge and experience is key to ensuring care is effective. This approach promotes effective care in this setting and ensures it is being delivered in a timely way to achieve the best outcome.

Five service users' questionnaires identified they were getting the right care at the right time. They responded that staff were communicating well with them; and their choices are listened to; they choose the activities they take part in; and had been involved in the annual review of their day centre placement. One service user said "...staff are fantastic, can't say a bad word. They are brilliant". In contrast one service user stated there is no choice of activities for them; this comment has been passed to the manager for them to action.

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

Areas for improvement

Three areas of improvement are made regarding improving one specific service users care plan, improving all care plans so they detail how service user's personal objectives and personal preferences will be met and the audit of individual service user's files should be put in place to ensure staff promotes care practices that are consistent with the service user's views, preferences and needs.

Number of requirements	0	Number of recommendations	3
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4.5 Is care compassionate?

This inspection included observation of the morning and afternoon activities and consultation with seven service users. The observations provided examples of how the staff had responded to and supported service users in a compassionate way. For example the staff communicated with the service users individually and in groups using service user's communication preferences such as familiar words, symbols, visual cues and talking clearly with good eye contact. This ensured service users understood and could respond. Service users responded differently, some were quiet and avoided prolonging communication; others sought staff attention to assist them with their activity. The staff were observed encouraging service users to be involved in the group or individual activity with warmth and familiarity. They were also observed encouraging service users to think independently and make independent choices.

This setting communicates and consults with service users informally on an individual and group basis. There are service user meetings held in each of the rooms and these were recorded as hand written notes by staff. The recording detailed service user's feedback regarding activities and being in Mainstay. In 2016 there had been two meetings held with three groups and one group had held four meetings with service users. The minutes of the meetings were not presented as 'easy read' for service users to refer to and they did not contain an action plan to ensure agreed actions were progressed and monitored for improved outcomes. A recommendation is made to improve these matters and ensure arrangements in place

encourage service users to be active participants in the setting and service users are supported as necessary by staff.

Discussion with staff in an activity room who described they were “helping out” at lunch time revealed they did not know why two service users were eating their lunch in the activity room; they were separate from the other service users who were in the dining area. Discussion with the manager revealed this was in response to their assessment and it was in their care plan that they should have lunch in a quiet area. It is important that all staff know who they are caring for. They also need to ensure if different arrangements are in place, why this is so to protect service user’s rights, safety needs and choices. A recommendation is made to ensure cover staff and temporary staff have the right knowledge and information to ensure all service users are cared for effectively and treated with dignity and respect.

In contrast discussion with two other permanent staff members demonstrated they had insight into service users’ needs and how they can ensure their care is compassionate. For example one staff member was knowledgeable regarding the service users’ needs they were responsible for and this was reflected in the weekly activity planner. Another staff member said they approach their job by reflecting on how they want to be treated. They identified they need to be understanding of each individual’s needs and personality, they need to listen, be knowledgeable regarding each service users learning disability and don’t expect every day to be the same. Another staff member said they smile and talk openly to enable everyone to feel welcome in the setting. They reflected on how service users perceive them and focus on this being a positive experience. Finally they talked about respecting service user’s feelings and being aware of individual’s limitations.

Consultation with service users regarding was care compassionate in Mainstay day centre prompted comments such as “I wouldn’t be here if it wasn’t good”. “I love it”. “I depend on staff and I trust them”. Three service users’ questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected. One service user identified they do not have choices and are not involved in decisions, the other four answered they do have choices and are involved in decisions. This feedback has been passed to the manager to ensure all service users are involved in their care in the day centre.

One relative’s questionnaire identified their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns, their relative is treated well. They wrote “I have absolutely no concerns about the level of care my relative is treated by the staff and manager of the centre. They treat all the clients with respect and compassion”.

Areas for improvement

Two areas of improvement are made to improve the effectiveness and outcomes of consultation with service users and to ensure cover staff are informed regarding the service user’s needs, plan and preferences for whom they are looking after.

Number of requirements	1	Number of recommendations	1
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4.6 Is the service well led?

The registered manager was present during the inspection. There is also a senior day care worker in post who was assisting in the day to day management of the day care setting.

Examination of the day centre's statement of purpose evidenced the management arrangements were detailed accurately and they were consistent with the day centre's registration details.

The monthly monitoring visits and reports were inspected from February to July 2016. The reports available provided evidence visits had taken place once per month as required in Regulation 28. The reports described the matters to be monitored by the registered person as detailed in Schedule 3. The reports were detailed, described the conduct of the setting, improvements were put into an action plan and progress was monitored during the next monitoring visit.

Policies and procedures were accessible for staff. They were available for staff reference in a centrally indexed file. Staff confirmed they knew where to access them.

The complaints record was reviewed and this revealed eight had been received during the period April 2015 and August 2016. These had been addressed in compliance with the settings policy and procedure.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction, poor staff practice or a vulnerable adult concern regarding a service user. The staff described the management staff as supportive and the staff also recognised they support each other.

Discussion with service users revealed they knew who the manager was and they could talk to any staff about a concern, requests or advice. Three service users' questionnaires identified the service was managed well; they said they knew the manager and would talk to them if they had any concerns. Finally staff had responded well to them and they were asked what they would like to do in the setting. One service user said, with reference to the staff, "their brill".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 Denise O'Shea, 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 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.

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 Settings 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.

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 day.care@rqia.org.uk 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.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2016</p>	<p>The registered provider must ensure cover staff and temporary staff have the right knowledge and information to ensure all service users are cared for effectively and treated with dignity and respect.</p> <p>Response by registered provider detailing the actions taken: For all temporary supervision at the beginning of shifts is provided to ensure staff have the knowledge to provide safe care</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 10.5</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2016</p>	<p>The registered provider should put arrangements in place for service users to access necessary aids and equipment during meal times to ensure service users can eat their lunch in a healthy and safe way. (10.5)</p> <p>Response by registered provider detailing the actions taken: All necessary aids and equipment are provided at meal times, however some service users choose to eat out of lunch boxes care plans have been amended to reflect individual choices.</p>
<p>Recommendation 2</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2016</p>	<p>The registered provider should increase individual, formal supervision sessions in compliance with the day care setting's procedures and no less than every three months.</p> <p>Response by registered provider detailing the actions taken: Supervisions ongoing and a plan developed to ensure future supervisions are timely.</p>
<p>Recommendation 3</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2016</p>	<p>The registered provider should review and improve the settings staff supervision policy and procedure so it is consistent with standard 22.2 in terms of frequency.</p> <p>Response by registered provider detailing the actions taken: Manager and senior to improve frequency of supervisions and a plan has been developed</p>

<p>Recommendation 4</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2016</p>	<p>The registered provider should put appropriate arrangements in place to improve one service users care plan. It should detail details how needs arising from their dementia diagnosis should be met by staff to ensure the service user is cared for in a compassionate and effective way by staff.</p> <p>Response by registered provider detailing the actions taken: Service users care plan has been updated.</p>
<p>Recommendation 5</p> <p>Ref: Standard 5.1 & 5.2</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2016</p>	<p>The registered provider should improve care plans so they detail how service user's personal objectives and personal preferences will be met.</p> <p>Response by registered provider detailing the actions taken: Care plans will detail how objectives will be met.</p>
<p>Recommendation 6</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2016</p>	<p>The registered provider should put arrangements in place for the audit of individual service user's files. The audit should ensure the quality of information recorded by staff promotes safe, effective and compassionate care that is consistent with the service user's views, preferences and needs.</p> <p>Response by registered provider detailing the actions taken: Ongoing checks carried out and written documentation will remain in Service user files, healthy files check now being used.</p>
<p>Recommendation 7</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2016</p>	<p>The registered provider should improve the day care settings arrangements for communicating and consulting with service users. Particularly the minutes of the service users meetings should:</p> <ul style="list-style-type: none"> • be written for service users in an easy read format for their reference • contain an action plan to ensure agreed actions are progressed and monitored by service users and staff for improved outcomes. <p>Response by registered provider detailing the actions taken: New format in place with monitoring tool in place.</p>

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