

# Unannounced Care Inspection Report 27 March 2019



## Newington Day Centre

**Type of Service: Day Care Setting**  
**Address: 31-35 Atlantic Avenue, Belfast, BT15 2HN**  
**Tel No: 02890351947**  
**Inspector: Maire Marley**

[www.rqia.org.uk](http://www.rqia.org.uk)

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

## 1.0 What we look for



## 2.0 Profile of service

This is a Day Care Setting with 50 places that provides care and day time activities for older people some of whom have symptoms of dementia and other people who have a physical disability, mental illness, addictions or significant social and emotional needs. The centre is open Monday to Friday and is closed for all bank and public holidays.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Newington Day Centre  <b>Responsible Individual:</b> Paul Strain (Registration pending)	<b>Registered Manager:</b> Margaret McCrudden
<b>Person in charge at the time of inspection:</b> Margaret McCrudden	<b>Date manager registered:</b> 1 April 2010
<b>Number of registered places:</b> 50	

### 4.0 Inspection summary

An unannounced inspection took place on 27 March 2019 from 9.30.00 to 17.00.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff training, provision of care, involvement of service users and their relatives, care records, health and safety and maintenance of the premises.

Two areas requiring improvement were identified and related to revising identified care plans and the maintenance of service users' financial records.

#### Service users said;

- "I enjoy getting my hair done here."
- "We are given lots of choices, we all enjoy coming here and talking to our friends."
- "They provide everything here, there is action on hearing, chiropody, intergeneration activities with the local schools, it is absolutely brilliant."
- "We always get a say in how we want to plan our day, I like the outings and really enjoyed the tea dance."

The findings of this report will provide the day care setting 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>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Margaret McCrudden, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 10 November 2017

No further actions were required to be taken following the most recent inspection on 10 February 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- record of notifications of significant events
- record of complaints
- the previous inspection report dated 10 November 2017
- the RQIA log of contacts with, or regarding Newington Day Centre

During the inspection the inspector met with:

- seven service users individually
- six service users in a group setting
- the registered manager
- one assistant manager
- two day care workers
- one volunteer
- three relatives

Staff were provided with ten questionnaires to distribute to service users or their relatives for completion. The questionnaires asked for service users and/or their relatives views on the service and requested their return to RQIA. Ten completed questionnaires were returned to the inspector within the timeframes for inclusion in this report.

The registered manager was requested 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 completed questionnaires were returned within the timescales for inclusion in this report.

A “have we missed you” card was left for display in the front entrance, to allow service users or relatives who were not available on the day to give feedback to RQIA regarding the quality of service. No responses were received. In addition a range of RQIA information leaflets were also left for information.

The following records were examined during the inspection:

- Care records for four service users, including assessments, care plans and review reports.
- Four service user’s agreements.
- Progress records for four service users.
- The previous three months monitoring reports
- Records of staff meetings held in May and September 2018 and February 2019
- A selection of the minutes of service users’ meetings for September and October 2018 and January 2019.
- Selected training records for staff, including staffs’ registration with NISCC.
- The Statement of Purpose.
- Service User Guide.
- Staff duty rotas for the months of January, February and March 2019.
- Safety records, including fire risk assessment.
- Record of incidents and accidents.
- Sample of financial records
- Record of complaints and compliments.
- Audits completed.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 10 November 2017**

The most recent inspection of the day care setting was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Newington Day Centre is managed daily by the registered manager Margaret McCrudden who is supported by a team consisting of one assistant manager, day care workers, volunteers, clerical officers and facility support staff.

On the day of inspection the registered manager confirmed that the planned number of staff and skill mix on duty was sufficient to meet the needs of service users. The duty roster was examined and it was noted that it detailed the number of staff on duty, hours worked and their role. Discussion with staff and one volunteer established that they were satisfied that staffing levels were sufficient to meet the assessed needs of service users. Staff on duty were found to be experienced and had appropriate training to assist them in meeting the responsibilities of their role.

Records examined confirmed that competency and capability assessments for staff who acted up in the registered manager's absence had been completed. The inspector spoke to the assistant manager who assumes responsibility for the centre in the absence of the registered manager and they confirmed they were willing and capable to act up as and when required.

The organisation's recruitment and selection policies and procedures were in place and management reported that all records in regard to the recruitment process are maintained on file. There had been no new staff employed since the previous inspection however the records of a staff member and a volunteer confirmed that the day care setting had recruited in accordance with The Day Care Setting Regulations (Northern Ireland) 2007 Regulation 21.

A review of the staff training records found that all staff had up to date mandatory training and had access to additional training and development relevant to the needs of service users.

The day care setting had arrangements in place to identify and manage risks, notification of incidents and events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and not required to be reported had been managed in a timely appropriate manner. The last accident recorded in the centre was dated 20 February 2019 and was managed appropriately.

A review of settings policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

Staff discussed the restrictions in place such as lap belts for people who use wheelchairs to ensure their personal safety. It was evident that staff were aware of their responsibility to ensure all decisions were in the best interest of the service user and was the least restrictive to support each individual whilst assuring their safety.

It was noted during the inspection that service users responded to staff approaches positively and were accepting of their support, additionally staff presented as familiar with individual service user's needs, personality and methods of communication. Staff were observed responding to everyone in a quiet, respectful manner. Assistance when provided was discreet and it was evident that staff knew when to offer assistance that enabled participation yet ensured service users independence was promoted.

Service users spoken to during the inspection described the building as a secure, safe place to come to and expressed that staff were always available and willing to assist them as and when required. One service user stated "this is a really safe place and everyone takes good care of you".

The registered manager confirmed there were no current adult safeguarding investigations within the day care setting and was clear about their role and responsibility in the event of such an incident.

Safeguarding procedures were understood by staff members who were interviewed, they confirmed that practice throughout the centre was of a high standard and that they were trained to respond professionally in all situations. Safeguarding policies and procedures were in place and training had been provided for all staff in 2018. The safeguarding champion was known to the staff team.

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 and in the centre's Statement of Purpose. There was good evidence that any concerns or queries was dealt with in a timely manner and to the person's satisfaction. A number of compliments the centre had received from relatives were viewed and was an indication of the high regard afforded to the centre.

The registered manager and other staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users and expressed their determination to promote safe practice and, if necessary, to report unacceptable practice. All staff members expressed strong commitment to their work and confirmed that their work is enjoyable and rewarding.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the setting, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had access to gloves and aprons as required.

It was noted that staff adhered to safe fire practices and records examined identified that a number of regular safety checks on firefighting equipment had been undertaken. A fire risk assessment was completed on 4 September 2018 and the registered manager confirmed identified issues had been addressed.

Staff commented positively with regards to the provision of safe care within the centre.

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives/representatives. The ten returned questionnaires provided evidence that service users were very satisfied that the care in the centre was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment and management, fire safety, the physical environment, staff training and support, adult safeguarding and service user involvement.

**Areas for improvement**

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

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

**6.5 Is care effective?**

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

The centre’s Statement of Purpose and Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. There was evidence that the documents were reviewed annually.

A review of four service users’ individual care records confirmed that care planning documentation was in place for each service user. Records included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each person needs, for example moving and handling, falls risk, behaviour that may challenge, swallowing and choking and transport. The assessments provided information to staff that assisted them to lessen risks and to keep service users safe and included a detailed care plan. There was evidence of regular reviews and updates. Most of the care records reviewed were maintained in keeping with regulations and standards however improvement was required in regard to two identified care plans. Care Plan A should detail the arrangements in regard to the service user’s diet, speech and language assessment (SALT) assessment and chiropody treatment and should detail the support and services to be provided by staff. Care Plan B should be revised in regard to a service user’s transport needs. This is an area identified for improvement.

Progress records were maintained of each service user and entries were made in response to the significance of events and exceeded the frequency specified by the minimum standards.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in files examined and included the views of the service user and/or their carer and was informed by the written progress notes.

A record of the contact and involvement of families and professionals was maintained. Records examined were signed and dated. Each care record had a checklist of the documents to be maintained and there was evidence that regular audits of care documentation were undertaken.



During discussions staff revealed that care provided to service users within the setting was effective. They were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff met each morning and were informed of any updates or changes in service users' needs.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and work undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence in the contact sheets and from discussions with service users that day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner. One service user reported "They (staff) got me an ambulance when I wasn't well, probably saved my life, can't thank them enough."

The Statement of Purpose and Service User Guide provided information on how to make a complaint and this was reinforced by information displayed throughout the centre. The registered manager confirmed there were no complaints since the last inspection and service users and relatives spoken with during the inspection were all familiar with the procedure in the event they needed to raise a concern or issue.

A review of the financial arrangements found the organisation had clear policies and procedures in place, a clerical officer was responsible for the management of the organisation's finances and was audited by an independent auditor. It was noted that signatures were not obtained for dinner monies paid for by service users. This is an area identified for further improvement. The registered person shall ensure that the service user and the staff member sign the financial records in regard to monies paid for daily dinners. Where the service user is unable or chooses not to sign two members of staff should sign and date the record.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

#### **Staff comments:**

- "I feel we provide care that is effective, not only to the service users but to their families."
- "This is a community here; we know the service users and their needs, preferences and interests."

#### **Service Users comments:**

- "This is a brilliant centre; I really enjoy coming here and look forward to the days that I am here."
- "I knew this centre long before I came here, and knew it was a good place to be."
- "The manager and the staff work really hard to ensure we get the care we need. "

During the inspection three members of care staff and a volunteer were interviewed and all expressed positive views on the quality of service provided and on the confidence they had in the practice of their colleagues.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. The ten returned questionnaires provided evidence that service users were very satisfied that the care in the centre was effective.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of needs and risk assessments, audits of records, communication between service users, staff and other key stakeholders.

### Areas for improvement

Two areas of improvement were identified during the inspection of this domain and related to reviewing and updating identified care records and obtaining signatures of the service user and the staff member on financial records in regard to monies paid for daily dinners.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 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.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Staff were observed on numerous occasions offering service users choice regarding activities, their lunch and hot and cold drinks, staff were observed assisting service users as and when necessary. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken knowledgeably about service users likes, dislikes and individual preferences.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. In discussions with several service users, they were complimentary of their activities and spoke of those they enjoyed. Particular enjoyment was expressed about lunches in the community, tea parties, and intergenerational activities with local schools. In September 2018 a service user had been involved in a radio interview about the centre celebrating forty years in the community. It was evident that staff, service users, and their families enjoyed the different events organised and the visitors and dignitaries that joined their celebrations.

Throughout the day staff were observed to stimulate and encourage service users to participate in a range of activities that promoted positive outcomes for their health and well-being, encouraged meaningful social engagement and community involvement.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking out before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through care reviews and service user meetings. A sample of the minutes of these meetings were reviewed and provided evidence of service user involvement in the decision making process. Several service users spoke of how they were involved in the decision making process and it was evident that service users were encouraged to make informed decisions.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken in November 2018 and reported on in the Annual Quality Report 2018. The report addressed the elements as specified in Regulation 17 and it was good to note the action plan contained the timescales for completion of the identified improvements

A review of the records of the monthly monitoring visits found that the views of service users and their carers were sought on each occasion and reflected in the report of the visit. The records were maintained in accordance with Regulation 28.

Service users who spoke with the inspector were aware of the complaints process and could identify the person with whom they would communicate with if they had any issues or concerns. Relatives spoke to during the inspection spoke highly of the registered manager and the staff team and were also fully aware who to approach if they had a concern, they expressed that they never had to use the complaints process as they were more than happy with the service provided.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note the range of displayed information available to service users and their carers and it was very evident the centre is very much part of the local community.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- “Staff are second to none, they are tip top.”
- “Newington is a great place, great bunch of people; they couldn’t do enough for you.”
- “I enjoy every bit of my day here.”
- “We are just one big family or community; I have made new friends and renewed old friendship from my work days.”

In discussion service users confirmed they enjoyed their meals and during observation of the lunch period staff were noted to supervise and assist service users in a sensitive discreet manner.

Discussion with relatives with regards to the provision of compassionate care included the following comments:

**Relatives' comments:**

- “This is an excellent service several members of our family have attended here and have always been treated in a respectful caring manner.”
- “They don’t just look after the people that attend here they extend that to the carers and their families.”
- “I cannot praise these people highly enough, they are so good.”
- “When I was off sick, they kept in touch and I knew they were really interested in me and how I was doing.”

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. The ten returned questionnaires provided evidence that service users were very satisfied that the care in the centre was compassionate.

**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 and their families, facilitating service users’ involvement in activities and the maintenance of records.

**Areas for improvement**

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

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspection was facilitated by the registered manager Margaret McCrudden who demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre.

The inspector assessed the setting’s leadership, management and governance arrangements to ensure they were meeting the needs of service users and found them to be in line good practice and the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

There was a clear organisational structure and the management arrangements were outlined in the setting's Statement of Purpose. It was good to note the document was reviewed and updated on an annual basis. The responsible individual's registration with RQIA is pending and requested documents were re-submitted following the inspection.

There was a clear organisational structure and staff consulted demonstrated knowledge of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider and monthly committee meetings, in addition members of the management committee regularly call in unannounced.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by care staff in respect of leadership they received from the manager and management team. Staff also spoke of good working relationships within the team.

Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally, however they stated this would be unlikely due to the transparent working relationships that existed within the team. From the discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues.

The day care setting had a range of policies and procedures in place to guide and inform staff, a sample of policies and procedures examined on the day of inspection revealed that they had been reviewed within the timescales outlined in the minimum standards.

A review of staff supervision records established that supervision was in keeping with the minimum standards and staff commented positively on the supportive role of supervision and they were complimentary in regard to the registered manager's leadership style stating that it was an encouraging and facilitating role that promoted staff involvement in the decision making process and contributed to their motivation and the overall success of the centre.

There were policies, procedures and practices in place to facilitate the efficient management of complaints. Information on the complaint procedure was displayed throughout the centre and included in the Service User Guide and agreement. The complaint records maintained by the day care setting evidenced there had been no complaints since the previous inspection in November 2017. Discussion with staff and management confirmed that they were open to receiving complaints and knew how to respond to any expression of dissatisfaction in a sensitive manner.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care.

The inspector discussed the measures in place in relation to promoting equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager discussed the ways in which staff development and training enabled them to engage with a

diverse range of service users. It was confirmed that no issues regarding equality had been raised by service users to date.

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

- effective communication
- service user involvement
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. The registered manager confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

The inspector confirmed there was evidence of the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and were available for inspection. These included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on NISCC registration.

The Regulation 28 monthly quality monitoring visit reports for the past three months were reviewed and found to be unannounced visits. The reports were found to be satisfactory and adhered to the elements specified in Regulation 28.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. The ten returned questionnaires provided evidence that service users were very satisfied that the centre was well led.

### **Areas of good practice**

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

### **Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<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 Margaret McCrudden, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2019</p>	<p>The registered person shall review and update the identified care plans and ensure that the support and services provided by staff are clearly detailed.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Following our inspection a second SLT report was received regarding the needs of the service user, all information and appropriate needs have been detailed in the care plan. The initial report had been read and signed by the care team prior to our inspection. Following discussions with the service user and family members alternative transport arrangements are now in place and will be kept under review.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11.5</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 that the service user and the staff member sign the financial records in regard to monies paid for daily dinners.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> As per standard 11. 11.5 the collection of service users daily attendance monies are signed by the member of staff responsible on the day, it is then passed to finance to be checked, signed recorded and banked. Following discussion with the inspector service users can choose to sign each time they make payments to the centre. For those service users and families who choose to receive a bill this is provided on a monthly basis and receipts are given.</p>

***\*Please ensure this document is completed in full and returned via Web Portal\****





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