

# Unannounced Care Inspection Report 21 March 2019



## Age NI, Dungannon

**Type of Service: Day Care Service**  
**Address: 2-4 Little Scotch Street, Dungannon, BT70 1AP**  
**Tel No: 02887752383**  
**Inspector: Maire Marley**

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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 provides care and support for a maximum of fifteen persons who are over the age of sixty five and may have a diagnosis of dementia. A programme of day care and day time activities is delivered to service users from Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Age NI  <b>Responsible Individual:</b> Ms Linda Robinson	<b>Registered Manager:</b> Mrs Patricia Kearney
<b>Person in charge at the time of inspection:</b> Mrs Patricia Kearney	<b>Date manager registered:</b> 26 May 2009
<b>Number of registered places:</b> 15 - DCS	

### 4.0 Inspection summary

An unannounced inspection took place on 21 March 2019 from 10.00 to 16.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the 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.

Four areas requiring improvement were identified and related to revising the statement of purpose and service user guide, reviewing an identified care plan and implementing financial records.

#### Service users said;

- “I really like coming here and meeting up with people.”
- “I enjoy my dinner’s saves me cooking.”
- “Patricia (the registered manager) is lovely and so good and kind.”

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>	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Kearney, 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 23 January 2018**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 January 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:

- record of notifications of significant events
- record of complaints
- the previous inspection report and QIP dated 23 January 2018
- the RQIA log of contacts with, or regarding Age NI day care setting

During the inspection the inspector met with:

- service users in a group setting
- the registered manager
- a day worker
- a relative
- a volunteer

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. No 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.
- Monitoring reports for the months of November and December 2018 and January 2019.
- Records of staff meetings held in November, December 2018 and January 2019
- Minutes of service users' meetings for 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 December 2018, January 2019 and February 2019.
- Safety records, including fire risk assessment.
- Record of accidents and incidents.
- Record of complaints.
- Audits completed.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 January 2018

The most recent inspection of the setting 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 23 January 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
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 17(1) &amp; Schedule 3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall improve the annual report for 2016/2017 regarding incidents; and administration of medication.</p> <p>The 2017/2018 report should be submitted with the QIP for this inspection.</p> <p>Ref: 6.7</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that the improvements requested in regard to information on incidents and administration of medication had been added to the 2016/2017 annual report.</p> <p>The 2017/2018 report was submitted to RQIA as requested.</p>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall improve the service user's care plans; specifically they should be reviewed and arrangements to update care plans should be improved to ensure:</p> <ul style="list-style-type: none"> <li>the care plans record service users' needs as they change and describe how they will be met in the setting</li> <li>the care plan describes the arrangements for administration of a short course of medication that is brought into the setting.</li> <li>the care plan describes what service users want to achieve in day care and their personal goals</li> </ul> <p>Ref: 6.5</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Information submitted in the returned QIP and a review of three care plans found that the care plans had been revised as detailed above.</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.**

Age NI is managed by the registered manager Patricia Kearney who is supported by 2 day care workers on a Monday, Tuesday and Wednesday when the centre accommodates service users with increased dependency. Thursday and Fridays are allocated to a smaller number of service users and on these days the registered manager is supported by 1 day care worker and a

volunteer. The duty roster examined reflected the staff on duty, their role and included the hours worked.

On the day of inspection the planned number of staff and skill mix on duty was sufficient to meet the needs of service users. Discussion with the registered manager, a staff member and a volunteer established that they were satisfied that staffing levels were sufficient to meet the assessed needs of service users. Staff on duty was found to be sufficiently experienced and suitably trained to meet service users' needs, support their abilities and promote their independence.

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 staff member 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.

Age NI have corporate recruitment and selection policies and procedures and these were examined on the day and found to be in keeping with regulations and good practice. Management reported that all records in regard to the recruitment process are maintained in the organisation's Human Resources department. There had been no new staff employed since 2002.

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. Examples of training provided in 2018 included Equality and Diversity, Choking and Dysphagia Dementia Awareness and relevant mandatory training.

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 accident record found the last recorded accident was dated 23/01/2019. The accident was classed as minor and did not require to be reported to RQIA. It had been managed in a timely appropriate manner and the appropriate people were informed. .

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 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 confirmed that staff were always available and willing to assist them as and when required.

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 the staff member who was 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 training had been provided for all staff in 2018. 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 had been no complaints in the service since the last inspection.

The registered manager, a staff member and a volunteer 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 the work is enjoyable and rewarding.

A review of the arrangements in regard to the handling of service users' money resulted in an area identified for improvement. A record must be kept of the amounts paid by service users in respect of their dinners, the record should include the person's name, date, amount paid and should be signed and dated by the service user and staff member. If a service user is unable to sign then two staff should sign the record.

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. It was noted that a fire door in the kitchen/dining room was secured along with the entrance door, staff were able to open them with a turn knob and the registered manager reported this was for safety of service users and to prevent unwanted visitors entering the premises. This information was not detailed in the fire risk assessment and is an area identified for improvement. The registered manager must highlight the secured doors to the person undertaking the fire risk assessment and ensure it is appropriately risk assessed.

A fire risk assessment was completed on 10 October 2018 and had a review planned for 2020.

Discussion with staff with regards to the provision of safe care revealed the following comments:

**Staff comments:**

- "I think this is a very good centre, we all work really well together and because we are small we know each other and our service users really well. I believe we deliver safe care."
- "We keep the centre safe through good communication and, observation and following our policies and care plans."

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives/representatives. There were no questionnaires returned within the timeframes for inclusion in this report.



## Areas of good practice

There were examples of good practice found throughout the inspection of this domain in relation to care documentation, the physical environment, staff training and support, adult safeguarding and service user involvement.

## Areas for improvement

Two areas for improvement were identified during the inspection of this domain and related to undertaking a risk assessment in regard to the secured doors and maintaining financial record in regard to money collected for dinners.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	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 was examined and revealed that the document was reviewed in January 2019. The document did not clearly identify that the centre could only accommodate those service users who did not present with challenging behaviors associated with some stages of dementia. The Statement of Purpose must reflect the range of needs that the setting can meet and include information regarding the doors being secured for safety reasons.

The Service User Guide includes a service user agreement and a summary of the statement of purpose, during the inspection it was noted that transport arrangements had changed, these changes need to be included in the service user guide and is an area identified for improvement.

A review of four service users' individual care records confirmed that care planning documentation was in place for each service user and was based on a range of comprehensive assessments. The records included referral information, a service user agreement, an up to date assessment of needs, including a range of risks assessments and a detailed care plan. 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. Record A, the registered manager must seek clarification regarding the service user's diabetic diet and the risks associated with noncompliance, any identified risks must be clearly understood and agreed by the professionals involved in the delivery of care and the service user. Record B the information regarding the change to a service user sight and the specific assistance required should be detailed in the care plan. 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 were in keeping with 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. There was evidence that a regular audit of care documentation was 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. Staff discussed the systems in place to ensure any updates or changes in service users' needs were discussed and shared as necessary.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner.

In discussion with a community key worker assigned to the day centre they expressed that "care was very safe in this centre, staff know the service users and their needs and report any concerns in a timely manner" this keyworker expressed their concerns about the recent removal of transport by the SHSCT and the difficulties this would present to people in the community.

One relative spoken to during the inspection commented positively on the effectiveness of the centre and described it as a "Godsend" I just could not manage without it"

The Statement of Purpose and Service User Guide provided information on how to make a complaint and the importance of ensuring service users' opinions and feedback is heard and appropriate action taken.

The interactions observed between staff and service users throughout the inspection confirmed 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:**

- "We all work well together."
- "We know all the service users and are fully aware of their needs."

**Service User comments:**

- "I really like here, I enjoy coming here and talking to people."
- "Patricia (registered manager) knows me really well and she know what I need."

During the inspection one member of staff and a volunteer were interviewed, comments made were all positive in regard to the quality of service provided and on the confidence they had in the practice of their colleagues.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

### Areas of good practice

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

### Areas for improvement

Three areas of improvement were identified during the inspection of this domain and related to revising the Statement of Purpose and Service User Guide and updating identified care plans.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

#### 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 or directing and guiding them to where they wanted to go. 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 spoke 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 service users, they expressed their satisfaction with the range of activities provided. Throughout the day staff were observed to stimulate and encourage service users to participate in 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, checking out before the commencement of each activity that people were willing to participate and using observation skills to establish if anyone was “feeling out of sorts” or not enjoying the activity.

More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through care reviews, the booklet “Getting to know you” activity care plan and monthly 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.

Evidence of additional opportunities for service users and their carers to express their views was contained in the satisfaction survey issued annually in March and September by the organisation. The results of these surveys are reported on in the Annual Quality Report 2018 that was available to interested parties.

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. A relative of a service user spoke highly of 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.

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

- “Everyone looks after us very well.”
- “No complaints I like it here.”
- “We do different things, can’t remember them all but I know I enjoy them.”

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.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

### **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, 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 Statement of Purpose for the day care service was reviewed and updated by the provider in January 2019. As stated in section 6.5 of this report the document is in need of review to clearly describe the range of needs that the setting can meet, information on doors that are secured must also be included

The registration certificate was prominently displayed and was up to date.

The inspector assessed the setting’s leadership, management and governance arrangements to ensure they were meeting the needs of service users. The day centre is managed by the registered manager who is based in the centre; a designated day care worker assumes management responsibility for the centre in the absence of the registered manager and is supported by a support care worker and a volunteer. There was a clear organisational structure in place and these arrangements were outlined in the setting’s Statement of Purpose, the reporting arrangements were understood by staff.

During discussions with staff and a volunteer they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by care staff in respect of leadership they received from the registered manager and senior management team. Staff also spoke of good working relationships within the team. They confirmed that if they had any concerns or suggestions they could raise these with the registered manager and were confident concerns would be addressed in a professional manner.

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, these policies are also available to staff via the organisation’s intranet. 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 records noted formal supervision was provided quarterly and the registered manager and staff confirmed that supervision was supportive and that individual ideas for improvement in the service are encouraged.

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 January 2018. Discussion with staff and management confirmed that they were open to receiving complaints and knew how to respond to any expression of dissatisfaction sensitively in accordance with complaint procedures. A number of compliments were received by the service.

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. Equality and Diversity training had been provided to staff in 2018, 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 reported that the Age NI had an alert system in place to inform registered managers when staff registration had lapsed and 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, fire prevention and checks on NISCC registration.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these were mainly unannounced visits. Three quality monitoring reports were sampled for December 2018, January and February 2019. The reports were found to be satisfactory and adhered to the elements specified in Regulation 28. The day care setting had systems in place to review and monitor the matters set out in Regulation 17; an annual quality review report for 2017-2018 was available for inspection and had been made available to service users and their representatives.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Kearney, 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 Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 4 (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2019	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> <li>• (1) a risk assessment is undertaken in regard to the securing of the front door and the fire door in the kitchen/dining room .</li> <li>•</li> <li>• (2) details of the secure doors should be discussed with the officer responsible for the fire risk assessment. these details should be included in the fire risk assessment</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Fire Safety Solutions were satisfied that easy access and exits were acceptable and will include this in their next report</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 5 (8)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2019	<p>The registered person shall ensure records are maintained in respect of the monies paid by service users for their dinners.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> As of 22nd March 2019 all monies paid by service users are recorded and signed</p>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 17.6  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2019	<p>The registered person shall review the statement of purpose and ensure it reflects the range of needs that the setting can meet and include information regarding the doors being secured for safety reasons.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Statement of purpose has been reviewed</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 17.8  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2019	<p>The registered person shall ensure the service user guide is reviewed and includes the changes to the transport arrangements.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Service user guide has been reviewed</p>
<b>Area for improvement 3</b>	<p>The registered person shall review and update the identified care</p>

<b>Ref:</b> Standard 5.6 <b>Stated:</b> First time <b>To be completed by:</b> 31 May 2019	plans as discussed in the main body of the report.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> This care plan has been updated appropriately



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