

Unannounced Care Inspection Report 06 November 2017



Grove Day Centre Age NI

Type of Service: Day Care Setting
Address: 8 Antrim Road, Ballynahinch, BT24 8AN
Tel No: 02897565631
Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This Day Care Setting has 15 places and provides care and day time activities for adults who are over 65; service users may also have a physical disability and may be experiencing early signs of memory loss or dementia. The setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual(s): Linda Robinson	Registered Manager: Darran McQuoid
Person in charge at the time of inspection: Darran McQuoid	Date manager registered: 24 November 2015
Number of registered places: 15 - DCS-I, DCS-LD(E), DCS-PH(E)	

4.0 Inspection summary

An unannounced inspection took place on 06 November 2017 from 10.00 to 16.30.

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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to service users reported experience of safe care during this inspection; staff knowledge of what is safe care; staff willingness to identify areas for improvement; some care records; reviews; communication between service users and staff; the ethos of the day care setting; valuing service users; taking account of the views of service users; management of complaints; and working relationships.

Areas requiring improvement were identified in relation to staffing arrangements; acting up arrangements; volunteer arrangements, the training plan; the environment; statement of purpose; service user's individual care plans; frequency of supervision; and staff feedback.

Service users said: "this is a place for me to come to, we watch television, get a good meal, they do pretty well"; "this is a safe place, we've been coming a long time, homely, Darran (the manager) and the helpers are here, it's nice to see people"; "Darran is good, very helpful"; "the company is very pleasant, nothing they (staff) could do better, they are very good to us"; "there is always something to do"; and "I like the day centre".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	7

Details of the Quality Improvement Plan (QIP) were discussed with Darran McQuoid, 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 16 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 June 2016.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received from the registered manager and Age NI
- incident notifications which revealed one incident had been notified to RQIA since the last care inspection in June 2016
- unannounced care inspection report 16 June 2016

During the inspection the inspector met with:

- the registered manager
- eight service users
- one care staff and the registered manager
- two volunteers

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Three were returned by service users and six were returned by staff.

The following records were examined during the inspection:

- two individual staff records
- one volunteer record
- three service users care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to November 2017
- a sample of incidents and accidents records from June 2016 to November 2017
- the staff rota arrangements during July, August, September and October 2017
- the minutes of service user meetings held in July, August, September and October 2017
- staff meetings held in April & August 2017
- staff supervision dates for 2017
- monthly monitoring reports for July August and September 2017
- the staff training information for 2016 and 2017

- the settings statement of purpose

Three areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for two areas of improvement and not met for one.

One area for improvement identified at the last premises inspection on 31 May 2016 was reviewed and assessment of compliance recorded as not 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 16 June 2016

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 16 June 2016

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
Area for improvement 1 Ref: Regulation 19(1)(a) Stated: First time	The registered provider must ensure that a recent photograph of a service user is included in his or her records.	Met
	Action taken as confirmed during the inspection: Inspector confirmed in three individual service users' files inspected that their photo was included in their records at the time of inspection.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered provider should ensure that the care plan format is reviewed and updated, to relate more concisely to the individual's assessed needs and to include achievable goals.	Met
	Action taken as confirmed during the inspection: Three service users care plans were inspected and they had been improved since the last inspection in this regard.	
Area for improvement 2 Ref: Standard 22.2 Stated: First time	The registered provider should ensure that staff have recorded individual, formal supervision sessions no less than every three months.	Not met
	Action taken as confirmed during the inspection: The supervision records for two staff were inspected and this showed the frequency of supervision had not been improved. This improvement is stated for a second time.	

6.3 Inspection findings

6.4 Is care safe?

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

The settings daily staff arrangements and records were inspected for July, August, September and October 2017. This showed on a normal day in this setting there is two staff working in the setting. This staffing arrangement included the manager in the staffing compliment; therefore he was undertaking caring duties during day time hours not his management role and responsibilities, this was observed during the inspection. On the day of the inspection there were two volunteers present in the setting and there were volunteers named on the staff rota most days. Discussion with the staff, volunteers and observation of the day care provided revealed the following:

- Staff drive the bus to collect and drop home service users which leaves one staff member in the setting working alone while the driver is away, this limits what activities and care they can deliver during the time the other staff member is absent.

- When a staff member is absent the a temporary member of staff covers the setting, they do not have the same knowledge of service users and relationship with service users are the permanent staff and are left to work alone while the driver is away.
- While the manager is providing direct support and care to service users their management tasks, duties and responsibilities are not being done.
- Two volunteers arrived in the setting and assisted in the delivery of day care. Whilst they discussed they do not provide direct care, they were observed doing so during the inspection.
- Discussion with staff revealed they feel staffing numbers in this setting do not allow for the whole setting to be utilised and lone working had not been risk assessed.

The staffing arrangements did not present as adequate and on a normal day the manager is likely to be required to undertake significant caring duties due to the number of service users in the setting with memory loss or needing support to mobilise. Therefore the registered persons should assess the number of staff working in this setting to ensure at all times there is sufficiently qualified, competent and experienced persons working in the setting to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users, their needs, safety and the statement of purpose. A lone working risk assessment should also be considered if staff are left to provide care and support for service users on their own. This improvement is stated in the QIP for this inspection.

It was noted in the records of staff working each day; the capacity in which they worked was recorded including who was in charge of the centre. Discussion with one staff member revealed they had received no training that would enable them to take on the manager's role and responsibility and had requested QCF level 3 training which she was told was not available for her at this time. The staff who were acting up in the managers absence should be appropriately skilled and experienced to take on this role and also should be willing to act up in the managers absence. The discussions with staff did not evidence this was the case and therefore the registered persons should review the acting up arrangements to ensure a competent and willing staff member is acting up in the managers absence. An improvement is detailed in the QIP for this inspection.

The Volunteer arrangements in the setting were examined to ensure recruitment of volunteers was safe and they had received a clear record of what their role and responsibilities were in the setting, an induction, ongoing support and training as required as described in standard 24. Inspection of one volunteer record did not show compliance with this standard, discussion with the volunteers and observing their actions revealed their perception of their role and what they did during the day was not consistent. Volunteers must contribute to the day care setting and not undertake tasks that staff should do to ensure the service users are safe and their care is effective. An improvement is made to ensure the registered persons achieve compliance with this standard in terms of recruitment, vetting, training and management.

The settings training record provided for this inspection did not detail the training plan for 2017 and fire safety training had not been delivered since August 2016. Training for staff is important because it guides and informs them how to care safely, effectively and compassionately therefore an improvement is made in this regard.

Service users said they felt safe in day care; and were supported by the staff and volunteers. Observation of the day showed the service users were generally kept together to take part in activities and staff were attentive to those who were in need of support to meet their needs.

Staff said they use guidelines, policies, procedures and their knowledge of the service users' needs to ensure they provide a safe service. The staff recalled they had received safeguarding training and if they had any concerns would speak to their manager or in his absence the monitoring officer. They understood each service users situation is individual and therefore their care needs are also individual to them. Staff also understood the need to keep service users information and needs confidential and would make sure each individual is safe on the day care setting premises.

During the inspection observations of the environment revealed the environment presented as clean tidy and furniture presented as fit for purpose however, the décor and general maintenance of the environment had not been attended to. This was identified for improvement at the last premises inspection on 31 May 2016 and had not been progressed. The manager explained the trust who rent the building to them had decorated the offices and stopped the decoration at the internal door of the day care setting. The manager had discussed the need for the building to be updated however had not been able to progress this. This improvement does need to be planned for and the responsible person should communicate with the trust to ensure this improvement is progressed. This is stated for a second time in the QIP for this inspection.

Fire safety precautions were inspected and it was noted fire exits were unobstructed. The fire drill had been practiced with service users in April 2017.

Three service users returned questionnaires to RQIA post inspection. They identified they were very satisfied that care is safe, there is enough staff to help them, they feel protected from harm, they can talk to staff if they have concerns and the environment is safe and clean.

Six staff returned questionnaires to RQIA post inspection. Three staff identified they were satisfied, one staff was undecided, one staff was unsatisfied and one staff was very unsatisfied that service users were safe and protected from harm, staff are employed in sufficient numbers to meet the needs of the Service users. Staff have been inducted and have received all mandatory training including safeguarding training. All staff are aware of their responsibility to report any concerning or unsafe practice. This response was followed by the following comments: "there is no point in saying anything head office just does their own thing regardless"; "I feel there is insufficient staff for the number of clients here. I have yet to be given QFC training which would enhance me greatly in this post"; "Staff numbers are extremely tight with regards the increasing and varied needs of our service users".

The questionnaire responses did reinforce the concerns found during inspection however, there is only three staff employed in this setting and there were six responses. Due to the concerns found regarding staffing and the staff concerns expressed the registered persons met with RQIA on 15 November 2017 to present an action plan to improve these concerns. The improvement plan was well presented however; another meeting has been convened in January to see if this has improved the staffing and staff morale.

Areas of good practice

There were examples of good practice found during this inspection in relation to the service users reported experience of safe care during this inspection; staff knowledge of what is safe care and their willingness to identify areas for improvement.

Areas for improvement

Five areas for improvement were identified during this inspection regarding staffing arrangements; acting up arrangements; volunteer arrangements, the training plan; the environment

	Regulations	Standards
Total number of areas for improvement	1	4

6.5 Is care effective?

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

The settings statement of purpose describes this setting provides “general day care” however the setting was supporting service users with memory loss and possibly dementia, some service users needed aids to physically manoeuvre around the setting and some service users needed staff to assist them. Whilst staff and the volunteers were observed attending to all of service users’ needs in the setting the statement of purpose should clearly describe the aims and objectives of the day care setting; a statement as to the facilities and services which are to be provided by the registered person for service users; and a statement as to the matters listed in Schedule 1 and this should be consistent with the care and support being delivered on any day. This should include clear admission criteria and a description of service users’ needs that can be supported in this setting and that is consistent with the settings registration with RQIA. Other parts of the statement of purpose should also be reviewed such as the staffing arrangements, structure of the day care setting and where it mentions past staff and other day centres. An improvement is made for the registered persons to review the statement of purpose.

Three service user’s care files were inspected in detail and a further six care plans were sampled. Records contained the service user’s individual assessments and care plans which should describe their physical, social, and emotional needs however, seven of the nine care plans did not have the most up to date information in them regarding meeting service users’ needs. Discussion with the manager and staff confirmed they knew what the needs were and changes had been discussed in the staff meeting however, care plans should be regularly reviewed to ensure they are current and relevant. An improvement is made in this regard.

The service users had an individual written plan/agreement recorded and individual records were recorded at least once every five attendances.

Service users told the inspector they knew staff who care for them and said “they give us everything we need, we don’t need to ask” and “terrific we have this place to come to, staff couldn’t be better”.

Discussion with staff revealed they understood they needed to provide the right care to be effective, they identified they use policies and procedures to guide their practice, they said clear communication was key to supporting service users to ensure service users were happy they are getting the right support, they described they refer to the individuals care plan and staff discussions to ensure they are providing the most up to date support.

Six staff returned questionnaire responses to RQIA post inspection, three were satisfied, two were undecided and one was unsatisfied that care delivered to service users was effective, that all services users have been assessed and are in the right place for their needs to be met; staff are kept informed of changes to service user care plans; referrals/treatment to and from other agencies and professionals are dealt with promptly and this service has good working relationships with other professionals/agencies. It has been noted there is only three staff employed in this setting and there were six responses however, the concerns regarding effective care has been passed to the registered persons for their attention.

Three service users returned questionnaires to RQIA post inspection. They identified they were very satisfied regarding is care effective in this setting. They identified they got the right care, at the right time in the right place, the staff knew their care needs, they are kept aware of their care plans and their care met their expectations.

Areas of good practice

There were examples of good practice found in Grove House in relation to some care records, and reviews. Good practice regarding communication between service users and staff was found throughout the inspection.

Areas for improvement

Two areas for improvement were identified during the inspection regarding the statement of purpose and service user’s individual care plans.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. Discussion with service users confirmed they were asked their opinion regarding what they liked to do in day care. They also identified staff were on hand to support them when needed. Service users said “When I couldn’t come I missed it and was very happy to come back”; “staff ask what we want to do, I just go with the flow but would say if I felt strongly, I can ask staff anything”; “look forward to coming here, I like the company and activities”; “dinner good for £1.50”; “Darran’s outgoing, the staff are sociable, they know what they’re doing, helpful. There is always something to do”. “One hundred percent come for the company, lovely to have the centre to come to”; “the day centre is great, friendly, first class, plenty of good food, chat”; “it’s great, marvellous”.

Discussion with staff revealed they were focussed on service users’ needs and service user preferences when in day care. They discussed prompting service users who are shy to be involved in the group but be respectful of their personality and preferences, they identified they need to get to know each individual to know how best to support them. They identified they hold a meeting with service users once a month and as well as asking daily, this is an

opportunity for service users to discuss what they would like to do, they are asked for their choices and what the setting can do better, they also agree what events will be celebrated.

Service users had been encouraged to give their views, opinions and preferences in the service user meetings which had been held monthly. Their suggestions, choices and feelings about the day care had been recorded in the minutes inspected and this had resulted in the activity plan that included activities such as knitting, word games, chat, music, bingo etc.

The annual service users' quality assurance survey had been distributed and evaluated for 2016 - 2017. A summary report with an action plan had been written which included plans to further improve person centred care in this setting. The outcome was fed back to service users in May and they were advised of what the staff were going to do to act on their suggestions. This was a good example of staff involving service user's views, opinions and suggestions into the delivery of day care.

The inspection of this domain confirmed systems were in place to promote communication between service users and staff and involve service users in their care plan.

Six staff returned questionnaires to RQIA post inspection, they identified they were very satisfied that all service users were treated with compassion, that is all staff treated services users with kindness, dignity and respect; all staff engaged with service users with warmth and consideration; care was delivered in a person centred individual manner and not routinely; staff communicated with service users about their care and treatment in a manner which was understood; there was a culture of reporting any concerning practice and confidence that these concerns would be dealt with.

Three service users returned questionnaires post inspection. They identified they were very satisfied regarding questions on do staff treat them with compassion. They identified staff treated them with kindness; staff ensure you they are respected and their privacy and dignity was maintained; staff informed them about their care; and staff support them to make decisions about their care.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed the staff had not received recorded individual, formal supervision at least once every three months since the last inspection, this was identified for improvement at the last inspection and was identified for improvement for the second time. Discussion with the manager revealed he had found it difficult to find time to meet with staff for supervision and staff meetings due to the staffing arrangements and day care setting hours. Advice was given to ensure the review of staffing arrangements takes into consideration time for supervision as a management task that needs to be planned for. The managers supervision meeting with individual staff, if effective, can be used to assist the staff and manager to identify areas for improvement and plan to deliver safe, effective and compassionate care that can improve service user outcomes, therefore this is a key task that supports good leadership in day care settings and well led care.

The complaints record was inspected and this showed no complaints had been recorded since September 2013 to the date of the inspection.

Discussion with staff revealed they focussed on person centred care when they plan and delivered care. They considered is this interesting for service users, what do they want to do and would they be happy for their own relative to experience this quality of care. The discussion revealed used benchmarks of quality to ensure care did not fall below this and wanted to ensure care was person centred and is improved where possible. One staff member identified supervision could be more frequent and there should be better availability of training appropriate to their role. As discussed in the section on is care safe, one staff member felt they should at least have access to QCF level three training if they are expected to act up in the manager's absence. During the discussion they did acknowledge the manager had been supporting them with the request and had noted this as a need in supervision and appraisal. The review of acting up arrangements including ensuring staff are appropriately qualified is identified for improvement in section 6.4 of this report and detailed in the QIP.

Three staff returned questionnaires to RQIA post inspection, they identified they were three were very satisfied, two were satisfied and one was very unsatisfied the service was well managed and well led; that there was a culture of staff empowerment and involvement in the running of the service; there was a culture of learning and upskilling; there was a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations; managers/leaders were approachable and open to whistleblowing or raising concerns. Its concerning that one staff member is unsatisfied with arrangements in this regard and this has been forwarded to the registered persons for their response. Overall the questionnaire responses have contained negative responses and comments therefore an improvement is made for the registered persons to communicate with staff and seek to improve their concerns and dissatisfaction.

Three service users returned questionnaires to RQIA post inspection. They identified they were very satisfied that care was well led and managed; they knew who was in charge at any time; they felt the setting was managed well; their views were sought about their care and quality of service; and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found during the inspection in relation to management of complaints and working relationships.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the frequency of supervision and staff feedback.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Darran McQuoid, 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.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: Third time</p> <p>To be completed by: 29 December 2017</p>	<p>The registered person shall make appropriate arrangements to assess the number of staff that is required to be in the setting to meet the needs of the service users. Once completed the rota must evidence the minimum staffing numbers are achieved.</p> <p>The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; and the purpose of day care setting and activities they undertake (statement of purpose). A lone working risk assessment should also be in place if lone working continues in this day care setting.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: a review of staffing levels matrix has been put in place detailing above. Age NI are confident that staffing levels are correct for this general daycentre.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 4 & 7</p> <p>Stated: First time</p> <p>To be completed by: 29 December 2017</p>	<p>The registered person shall improve the settings statement of purpose to ensure it details:</p> <ul style="list-style-type: none"> • the matters listed in Schedule 1 • what is described must be consistent with the settings registration; for example staffing arrangements, structure of the day care setting; care and support delivered • clear admission criteria • description of service users' needs that can be supported in this setting <p>Where the statement mentions past staff and other day centres, these references should be removed where they are not relevant to this setting.</p> <p>A revised copy of the statement of purpose should be submitted with the QIP.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: his will be forwarded to RQIA and discussed further in January 2018</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 22.2 Stated: Second time To be completed by: 29 December 2017	<p>The registered provider should ensure that staff has recorded individual, formal supervision sessions no less than every three months.</p> <p>Ref: 6.2 & 6.7</p> <p>Response by registered person detailing the actions taken: agreed</p>
Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 29 December 2017	<p>The registered person shall review the acting up arrangements in this day care setting and provide evidence that competent, skilled, experienced and appropriately trained staff can and will act up in the managers absence.</p> <p>Ref: 6.4 & 6.7</p> <p>Response by registered person detailing the actions taken: he Manager and Head of Daycare are currently reviewng this request and will ensure that staff acting up are clear on their role and compentent to deliver. All staff in this service are long term members of staff who have experince of working in this centre.</p>
Area for improvement 3 Ref: Standard 24 Stated: First time To be completed by: 29 December 2017	<p>The registered person shall improve the Volunteer arrangements in this setting to ensure recruitment of volunteers is safe, role and responsibilities are clear, they receive an induction, ongoing support and training as required.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: his procedure will be lead by the P&D team for all centres</p>
Area for improvement 4 Ref: Standard 21 Stated: First time To be completed by: 29 December 2017	<p>The registered person shall ensure a training plan is produced for the staff and volunteers in this setting and evidences mandatory training will be delivered as well as training specific to this setting.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: a training plan is in place for staff and the new plan set out in area 3 will encompass volunteers</p>

<p>Recommendation 5</p> <p>Ref: Standard 25.1</p> <p>Stated: Second time</p> <p>To be completed by: 29 December 2017</p>	<p>The manager should prepare a suitable time bound program for the redecoration of the bathroom, main corridor and main activity room of the centre, and the replacement of the main activity room floor finish. This should be forwarded to RQIA for information.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: this is now in progress and should be completed within 3 weeks</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: 29 December 2017</p>	<p>The registered person shall improve the service user's individual care plans which should describe their physical, social, and emotional needs; they must be reviewed regularly and updated to ensure they contain the most up to date information in them regarding meeting service users' needs.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A review document was shared with RQIA which contained information required in this area of improvement. and will be completed every six months or sooner if required by individual service users</p>
<p>Area for improvement 7</p> <p>Ref: Standard 17.18</p> <p>Stated: First time</p> <p>To be completed by: 29 December 2017</p>	<p>The registered person shall put in place arrangements for staff to discuss their concerns regarding poor practice with a focus on improving areas of concern regarding safe, effective, compassionate and well led care. The action taken, the areas of improvement identified and an action plan should be forwarded to RQIA with the QIP.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: this was discussed at a further meeting with RQIA. Age NI are content that their monitoring collects this information, they have also agreed to introduce an additional question within the monthly monitoring form to ensure it can be demonstrated clearly.</p>



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