

Unannounced Care Inspection Report 7 December 2017



Lisburn Assessment and Resource Centre incorporating 'Rowan Centre Day Care', 'Dairy Farm Day Care' & 'Seymour Horticultural Unit'.

Type of Service: Day Care Setting
Address: 58 Wallace Avenue, Lisburn, BT27 4AE
Tel No: 02892633535
Inspector: Suzanne Cunningham

www.rqia.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 provides a programme of day care and day time activities Monday to Friday for up to 195 service users, in one main building and three smaller buildings.

The Lisburn Assessment and Resource Centre (LARC) main base is located in Lisburn, the building was purpose built to meet the needs of service users with a Learning disability who may also have physical; sensory disabilities, behavioural needs or memory loss. The Rowan centre is on the same site in a different building, and delivers care to service users who are older and need a quieter environment.

Dairy Farm is located in the dairy farm shopping centre on Stewartstown Road, and delivers day care and day time activities for adults living with a learning disability; physical disability; and/ or sensory disability. Seymour Horticultural Unit is located in Dunmurry, this project delivers day care activities involving horticulture.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual(s): Mr Hugh Henry McCaughey	Registered Manager: Raphael Kearns
Person in charge at the time of inspection: Raphael Kearns	Date manager registered: 08/10/2009
Number of registered places: 195 - DCS-LD	

4.0 Inspection summary

An unannounced inspection took place on 7 December 2017 from 09.00 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 staff knowledge and competency in regard to safe care, risk management; the day care setting environment; service users individual care records; providing the right care, in the right place, in the right time; activities; the ethos of the day care setting; acting on service user's views and preferences; governance arrangements; and maintaining good working relationships.

Areas requiring improvement were identified in relation to individual staff records; the use of lap belts; a safeguarding decision and the transport provision.

Service users said "we get the help we need"; "I can ask staff if I have a worry"; "I'm safe on the bus, I have a seatbelt"; "I would like more roast beef for lunch"; "I like coming to the centre, I enjoy gardening"; "staff are very good to us"; "I'm looking forward to the Christmas party".

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	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Raphael Kearns, 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 5 & 6 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 & 6 December 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 South Eastern Health and Social Care Trust
- incident notifications which revealed 44 incidents had been notified to RQIA since the last care inspection in December 2016
- unannounced care inspection report 5 & 6 December 2016

During the inspection the inspectors met with:

- the registered manager
- twenty service users in LARC; seven in Dairy Farm; five in Rowan Centre; and eight in Seymour Horticultural Centre
- three care staff in LARC; two staff in Rowan Centre; three staff in Dairy Farm and four in Seymour Hill
- two service users relatives in LARC
- one community learning disability nurse

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by staff or service users and four were returned by relatives.

The following records were examined during the inspection:

- four individual staff records
- six service users' individual care files

- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to December 2017
- a sample of incidents and accidents records from December 2016 to December 2017
- the staff rota arrangements during November and December 2017
- staff supervision dates for 2017
- monthly monitoring reports from August to October 2017
- the staff training information for 2016 & 2017

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 5 & 6 December 2017

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 05 and 06 December 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 14.5 Stated: First time	The registered provider must review the recording and reporting of incidents of restraint to RQIA to ensure all incidents are reported in compliance with regulation 14 (5) and regulation 29.	Met
	Action taken as confirmed during the inspection: Inspector confirmed incidents of restraint were recorded, were available for inspection, were up to date at the time of inspection and had been reported to RQIA as required.	

Area for improvement 2 Ref: Regulation 26.4 Stated: First/Second/Third time	The registered provider must make arrangements for the fire risk assessment to be reviewed without delay.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the fire risk assessment had been reviewed and the record was available and up to date at the time of inspection.	
Area for improvement 3 Ref: Regulation 28.4 Stated: First time	The registered provider must make arrangements for the content of the monthly monitoring reports to be improved regarding the analysis of staffing and reporting must also include monitoring of the satellite settings.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the monitoring reports were available and up to date at the time of inspection, a sample were inspected which provided evidence they had been improved in this regard.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.7 Stated: First time	The registered provider should improve the record of staff working each day to include the capacity in which staff are working in each area and satellite setting.	Met
	Action taken as confirmed during the inspection: The staff rota was available and up to date at the time of inspection, inspection of November and December's rota provided evidence they had been improved in this regard.	
Area for improvement 2 Ref: Standard 25.2 Stated: First time	The registered provider should review the robustness of the current heating system in LARC to ensure that the heating is reliable and adequate for this setting; and the service users whose needs are met in LARC.	Met
	Action taken as confirmed during the inspection: The manager confirmed the heating system had been serviced. On the day of the inspection the setting heat was comfortable.	

Area for improvement 3 Ref: Standard 7.4 Stated: First time	The registered provider should put in place arrangements for the service user records in Rowan Centre setting to be audited and updated. Care plans should be current, relevant and consistent with the service user's current preferences and goals.	Met
	Action taken as confirmed during the inspection: The records in the Rowan Centre were available and up to date at the time of inspection. Audit records showed improvements had been made in this regard.	
Area for improvement 4 Ref: Standard 22.2 Stated: First time	The registered provider should make appropriate arrangements for individual staff supervision to be provided to all staff in the day care settings.	Met
	Action taken as confirmed during the inspection: The staff supervision records were available and up to date at the time of inspection; they provided evidence of improvement in this regard.	

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 November and December 2017. This provided evidence that enough staff were on duty daily in each setting to support the groups of service users and those who needed more intense programmes of care and support. The record had been updated daily regarding unplanned staff absences; agency staff that was providing additional cover and any changes in individuals care plans. A planning meeting was held each morning to assure senior staff and day care workers staffing was adequate to support service users who needed one to one care, facilitate the planned activities; provide escorts for the busses; administer medications; support staff if intensive behaviour support was required; and confirm who was in charge of the day care setting.

Four individual staff records were inspected to look for evidence that staff recruitment arrangements were safe and effective; however the staff files lacked any evidence of this. It is acknowledged the trust recruitment procedures described recruitment was managed by staff outside of this setting however, the onus was on the registered manager, prior to a new staff

member commencing employment, to be assured the recruitment checklist was completed and the outcome was positive before starting the staff member in the setting, therefore an improvement is made in this regard.

Service users' needs in the four settings were varied, some service users were observed moving around freely and could make decisions independently regarding what they wanted to be involved in, they were communicating confidently and were being encouraged to develop their independence skills. Other service users needed more staff support to get involved in activities and a small number required one to one support. Observation of the day care activities on offer provided assurance: staff were promoting service users to be involved in activities; they were checking the service users felt safe or were safe in their environment; staff encouraged service users to be independent when it was safe; and they encouraged service users to develop their social skills, their concentration and creative skills.

In LARC the intensive support rooms were inspected. The entrance and exit doors were managed by a key fob that controlled who went in and out of the rooms. In the rooms the one to one staffing were obvious to see, staff were sitting with or walking around with service users, talking to them directly and discretely guiding them to engage with an activity. The day care worker for the rooms advised the inspectors regarding the risks they were managing and plans they were working on to manage service users behaviour. They discussed they had received training from the trust to identify triggers and deescalate behaviours, they were recording all behaviours, particularly where behaviour had resulted in behaviour management that may be restrictive or involve restraint. This was sent monthly to the behaviour team in the trust who do a graph/ analysis to identify trends that should be monitored or managed through the behaviour plan. The review of the service user's individual records and settings monthly behaviour reports confirmed this approach was being used to minimise behaviour management techniques being used in this setting that may be restrictive or involve restraint.

A sample of service users care plans that detailed one to one care were examined to ensure arrangements were safe and proportionate. The records showed: the one to one care decisions had been made by a multidisciplinary team; were discussed with carers/relatives; the plan was the least restrictive option available to keep the service user safe in the setting; the plan enabled them to take part in the activity schedule; and this was subject to continual review by the key worker.

A sample of service users care plans that detailed the use of lap belts during day care hours were examined to ensure arrangements were safe and proportionate; arrangements were also observed and discussed with staff during the day. This concluded lap belts were used for most of the day and there was no explicit evidence that the opportunity to undo the belts had been explored by staff or had been assessed. An improvement is made in this regard.

There was an induction programme in place for all grades of staff which included the trust induction and NISCC competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in. These arrangements in place had offered staff and management assurance that staff has the right level of knowledge, skill and understanding to provide safe, effective and compassionate care in this setting.

The settings training record demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities, discussion with staff confirmed they had received training that had assisted them to provide safe and effective care. Examples of training staff received in 2016/2017 were safeguarding; infection prevention and control;

values training; continence promotion; fire training; manual handling; and Makaton (non-verbal communication).

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified, recorded and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

One vulnerable adult incident was discussed with staff and the records were inspected. This revealed the incident had been recorded promptly and reported to the trust for investigation in accordance with the settings procedures. However; whilst awaiting the investigation to conclude the two service users were being kept separate which meant one service user was not experiencing all of the opportunities they usually would. Discussion with staff revealed they felt confident they could manage both service users in the same location by using one to one supervision and this was not being considered. The staff were commended for being inclusive whilst considering safe and effective care for both service users; the trust was asked to review arrangements in this regard to ensure care is safe, effective and compassionate.

During the inspection of the four LARC sites the observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed and the fire risk assessment was not due for review until February 2019.

The service users in Dairy Farm were asked if they felt safe in day care, they said they felt safe in this day care setting and they feel good when they are in day care and this was attributed to the support and help from staff.

Staff were asked is care safe in this setting, they said care was safe because they knew the service users well and they adapt their plans according to staffing numbers and service user needs daily. The staff identified staffing numbers are their biggest challenge, staffing can be low due to staff sickness and shortage of agency cover staff therefore they plan each morning what are the priorities and assess do they have enough staff with the right level of experience to assure care is safe and effective. Staff explained they have come in on days off to assist and will adjust the days plan to ensure care is safe and effective.

Two relatives were spoken to during the inspection and they said in their experience the day care setting had been a safe place for their relative to come to, one said "health and safety is at the top of staffs mind" and another described their relatives behaviour had improved becoming more predictable since coming to the setting and could manage themselves much better in and out of the day care setting.

Four relatives returned questionnaires to RQIA post inspection. Three identified they were "Very Satisfied" and one identified they were "Satisfied" regarding the questions "is care safe" in this setting. They referenced availability of staff; the care is protective and free from harm; they could talk to staff and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care, risk management and the day care setting environment.

Areas for improvement

Three areas for improvement were identified during the inspection in relation to individual staff records; the use of lap belts and a safeguarding decision.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Six service users' care files were inspected across the four locations; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. Evidence of the files being audited to improve timeliness and recording in the service user's individual records was also provided. Overall inspection revealed records were kept current, contained required documentation that described the service user's individual needs and how they will be met in day care; furthermore they were stored safely and securely in line with data protection. Staff discussion confirmed they used these records to guide their practice and they understood the importance of keeping records current to ensure the right care was delivered at the right time. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively. Nevertheless as described in section 6.4, practices such as the use of lap belts should be recorded as a restriction and the care described and delivered should be evidenced as the least restrictive option.

Service users in all of the settings revealed they had taken part in a number of activities for example exercising, outings, singing, dance, and creative activities. Service users in the dairy farm, the horticultural unit and LARC said they knew staff well in their rooms and in the setting, and were doing activities they liked to do in the setting. Service users talked about an outing they had been on that day, recalling how staff had helped them and they had a good time. Service users also confirmed if they had a concern or worry about their care they could talk to the staff who would help them to resolve their concern.

Discussion with staff found they felt they were providing a good standard of care, they confirmed they were knowledgeable regarding service users' needs and plans. They described they had been short of staff on some days but there was a core number of staff who were able to coordinate staff to where they were needed and ensure care was safe and effective. One new staff member described they had learned Makaton and had trained other staff to aide communication with service users. They described had found this particularly helpful when trying to work out why a service users behaviour was deteriorating. Staff identified their induction and training had helped them to know how to best support service users in the setting and to take part in activities such as fitness, outings and craft activities.

Staff discussed the service users review meeting which they explained is person centred as it fully involves the service user, incorporates their views, feelings and objectives as well as considering deprivation of liberty concerns and other professionals have input into the meeting.

Overall staff described their methods of communication, training and procedures had ensured they provided safe and effective care, they knew what each service user needed and how best to meet their needs. Staff confidently expressed their views and knowledge regarding safe and effective care.

Four relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “is care effective” in this setting. They referenced they got the right care; staff knew their needs; they were aware of care plans and the care met their expectations. Nevertheless, two identified the transport arrangements provided by the trust were problematic and one described the arrangements as “very poor”. Particular concerns were when drivers were off and some busses were not physically suitable for their relative. The day care setting should meet the minimum standard for transport by ensuring arrangements meet the needs and requirements of the service users, these comments are an indication the standard in this service has fallen below the expected quality of care and an improvement is detailed in the QIP to ensure this is addressed by the trust.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service users individual care records; providing the right care, in the right place, in the right time; and activities.

Areas for improvement

One area for improvement was identified during the inspection regarding transport.

	Regulations	Standards
Total number of areas for improvement	0	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 and staff; observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. Service users spoken to confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for the activity plan.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved; service users replied they liked day care and look forward to coming, and staff help them. Overall the feedback revealed all service users spoken to did feel involved and cared for by staff that knew them well and had been responsive to their needs.

Discussion with the staff revealed they had used observation and assessment to develop plans or routines to suit service users’ needs that do not use verbal communication in different areas of the setting. They discussed the use of the aides they have in the setting that ensured service users were safe and supports their physical needs for example the sleep systems, the sensory room, the trampoline, the swing and lying out on mats. Staff discussion revealed they were knowledgeable regarding their use; and they had used them to support service users out of their wheelchairs and for one to one activity time.

Discussion with a community learning disability nurse evidenced good multidisciplinary working arrangements with the service. A nurse is on duty most days within LARC, to provide specialist nursing care and treatment to service users with complex health needs. In the absence of a nurse, arrangements were in place for designated care staff, who had received additional training, to administer certain medications as prescribed to meet the needs of service users. There was evidence of service users receiving treatment in a dignified and respectful manner. The nurse stated that she found all the care staff to be very helpful and commented that they had a good knowledge of the individual needs and preferences of the service users.

Discussion with two relatives confirmed they felt they could talk to the staff and management team at any time, they felt their relative was well supported. One relative described a time the manager and staff supported them by giving extra services which alleviated their stress and described how this had made a difference to their life. Another relative said they had noticed their relative had matured and learnt to manage their behaviour in the setting which had resulted in positive outcomes in their life.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals.

Four relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “is care compassionate” in this setting. They referenced staff treated their relative with kindness; respect their privacy and dignity; informed them about their care and made 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, acting on service user’s views and preferences.

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 received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed three complaints had been recorded since 01 April 2016 to December 2017. The complaints had been investigated and resolved in line with the trust policy. None of the complaints were repeated concerns or indicated areas for improvement for this inspection.

The manager provided monthly audit records of care records, accidents and incidents, training and observations of service user's behaviour. The records reflected that measures were in place that monitored the effectiveness and quality of care delivered to service users in this setting.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

The staff were asked what their opinion was regarding leadership in the setting, they complimented the management team in the setting. They described they knew what was expected of them, their managers were approachable, the lines of accountability were clear and they had an open door policy. They said if they had any concerns the trust has a whistleblowing policy however, they worked well with their colleagues and hoped any concerns would be dealt with at an early stage with their colleague, otherwise they would discuss low level concerns in supervision or more serious issues with their manager immediately. In their experience the management team had worked well together to sort out any issues or concerns promptly and effectively.

The discussion with the manager revealed he had introduced the staff in this setting to the science of improvement. He described he has been working with the staff to enable them to bring innovation and ideas that can improve the delivery of care and support in this day care setting.

Overall the inspection showed the management team are providing good examples of leadership that is promoting improvement in this setting.

Four relatives returned questionnaires to RQIA post inspection. Three identified they were "Very Satisfied" and one identified they were "Satisfied" regarding the questions "is care well led" in this setting. They referenced they know who is in charge; the service is well managed; their views are sought and they know how to make a complaint.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Raphael Kearns, 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 14</p> <p>Stated: First time</p> <p>To be completed by: 2 February 2018</p>	<p>The registered person shall review the use of lap belts in the whole setting. The lap belts should only be used where the multidisciplinary team have concluded their use is the least restrictive option available to staff to ensure each individual service user is safe in the day care setting.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Lap belt use will be reviewed for each service user requiring this as part of their risk assessment updates at yearly review or earlier and a record of decision on their use for safety reasons will be recorded to ensure compliance.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 2 February 2018</p>	<p>The registered person shall improve the evidence that staff recruitment arrangements are safe and effective in this setting including confirming the satisfactory completion and outcome of the recruitment checklist.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Evidence of completion of recruitment checklist will be sought and record made on staff file from recruiting services that this has been completed.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 2 February 2018</p>	<p>The registered person shall review the safeguarding concerns recorded for two service users to ensure both service users are supported and receive a safe and effective day care experience whilst also being treated compassionately in LARC.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Both service users safeguarding concerns have been reviewed in conjunction with the day service and community services and they will continue to receive a safe and effective day care experience. This will be reviewed as required to ensure they are treated compassionately.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the transport arrangements in this setting to ensure the service users who receive bus services have their needs met by the arrangements in place. Particular attention should be given to the availability of drivers and the types of busses provided.</p>
--	--

To be completed by: 2 February 2018	Ref: 6.4
	Response by registered person detailing the actions taken: Transport arrangements for service users availing of bus services will be reviewed particularly in the availability of drivers and buses provided. The service is currently in process of developing a quicker communication service (Textburst) to ensure service users and carers are alerted earlier to bus breakdowns and absence of drivers so alternative transport arrangements can be made promptly.

****Please ensure this document is completed in full and returned to RQIA's Office****



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)