

Unannounced Care Inspection Report 29 January 2018 and 02 February 2018



Magherafelt Adult Centre incorporating 'Sperrin House Satellite Unit'

Type of Service: Day Care Setting
Address: 55 Hospital Road, Magherafelt, BT45 5EG
Tel No: 02879365060
Inspector: Dermott Knox

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with registered places for 91 people with learning disabilities. Many of the service users have complex needs requiring high levels of staffs' attention. The centre employs a small Physiotherapy team and has regular input from members of the Trust's Behaviour Support Team.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs Amanda Matthew
Person in charge at the time of inspection: Mrs Amanda Matthew	Date manager registered: 02 October 2017
Number of registered places: 91 - DCS-LD, DCS-LD(E)	

4.0 Inspection summary

An unannounced inspection took place on 29 January 2018 from 10.30 to 17.30 and on 02 February 2018 from 12.00 to 14.30.

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 determined if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to: care provided for service users, staff and service user relationships, assessment and care planning, involvement of service users in activity programmes, physiotherapy inputs, staff training, fire safety, maintenance of the premises and the promotion of independence in the satellite unit.

Areas requiring improvement were identified with regard to the use of agency staff, arrangements for individual staff supervision and, the quality of record keeping in some service users' files.

Service users said:

- "I do dishes and set out knives and forks. I like it."
- "I have some jobs here. I do messages. I come on the bus and I like the driver."
- "This is a really good place. We do painting and colouring and I watch TV. I'm retired. Do you want me to show you all the rooms?"

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	5

Details of the Quality Improvement Plan (QIP) were discussed with Amanda Matthew, 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 06 and 07 February 2017.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 06 and 07 February 2017.

5.0 How we inspect

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

- record of notifications of significant events
- record of complaints
- Quality Improvement Plan from the previous inspection on 06 and 07 February 2017
- the RQIA log of contacts with, or regarding Magherafelt Adult Centre

During the inspection the inspector met with:

- five service users individually
- four service users in a group
- four members of care staff in individual discussions
- one student on placement in individual discussion
- one physio technician in individual discussion
- the registered manager during and at the conclusion of the inspection

Ten questionnaires were left with the manager to be distributed to service users and their relatives. No completed questionnaires were returned to RQIA in the two weeks following the inspection. The online staff survey was not completed by any staff members, within that period.

The following records were examined during the inspection:

- File records for five service users, including assessments, care plans and reviews
- Progress records for five service users.
- Monitoring reports for the months of October, and December 2017 and January 2018.
- Records of two staff meetings held on 07 June 2017 and 17 October 2017.
- Minutes of six members/service users' committee meetings held during 2017.
- Record of incidents and accidents.
- Record of complaints.

- Selected training records for staff, including staffs' qualifications.
- Records of formal supervision for two staff.
- The Statement of Purpose.
- Fire safety records, including the report of a Fire Risk Assessment dated 22 May 2017.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or 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 06 and 07 February 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 06 and 07 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 18.3 Stated: First time	The registered provider should develop an index of hard copies of policies/procedures to provide ease of access to staff.	Met
	Action taken as confirmed during the inspection: The manual of hard copies, including an index, was in place and available to staff.	

<p>Area for improvement 2</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p>	<p>The registered provider should recommence recording of staff training within the training matrix available to provide ease of access to the manager for monitoring and audit purposes.</p> <p>Action taken as confirmed during the inspection: Training records were kept for each staff member and a matrix of all the training was in place.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 17.3</p> <p>Stated: First time</p>	<p>The registered provider should undertake a review of staff NISCC registrations to ensure all care staff are registered.</p> <p>Action taken as confirmed during the inspection: The manager confirmed that she had checked with NISCC and with the Trust's records to ensure that all staff were registered appropriately.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the following improvement is made within care records:</p> <ul style="list-style-type: none"> (a) Undertaking of an audit of care plans to ensure these are dated and signed by the service user or representative, the staff member and registered manager. Should a service user or representative be unable or refuse to sign this should be recorded. (b) Recommendations recorded by professional staff within risk assessments are reflected within care plans. (c) Review and revise the layout of care plans within one of the units to ensure that each specific identified need is aligned to interventions within the template. <p>Action taken as confirmed during the inspection: Five service users' records were examined and were found to comply with parts (b) and (c) of this area for improvement. Audits of care plans were being carried out, but had not yet covered all service users' plans. A number of key documents, particularly in the Sperrin House Satellite Unit, had not been</p>	<p>Partially Met</p>

	appropriately signed and dated. This area for improvement is restated in the QIP arising from this inspection.	
Area for improvement 5 Ref: Standard 3.1 Stated: First time	The registered provider should ensure that an individual written service user agreement is provided for each service user which details the services to be provided.	Partially Met
	Action taken as confirmed during the inspection: The Transition Plan (where present) for each service user contained a broad range of information, including most of the arrangements required for the service user agreement. The manager acknowledged the need to ensure that all service users have a full written agreement in place. This recommendation is restated in the current Quality Improvement Plan.	
Area for improvement 6 Ref: Standard 27.3 Stated: First time	The registered provider should ensure that “seven step” hand washing notices are placed within the hand washing areas in Sperrin House Satellite Unit House.	Met
	Action taken as confirmed during the inspection: Handwashing notices were in place in the relevant areas that were inspected.	

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.

Magherafelt Adult Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. Services are provided in the centre in several groups, operating in rooms, most of which are suited to the size of the group and the nature of the activity. The manager spoke of the Trust’s plans to enlarge one of the group rooms by removing a wall, thus providing better space for the two necessary beds and several wheelchairs for service users in that group. Small side rooms, for example equipped for sensory stimulation, are available for individual work with service users, when necessary. The centre has tar-mac outdoor space suitable for some service users’ activities, for example, riding the adult tricycle. Staff members described the intensive staffing arrangements necessary for

group outings, which are carefully planned to ensure safety for each service user who participates.

The manager and other staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. All staff members expressed strong commitment to their work with service users and confirmed that the work is enjoyable, challenging and rewarding. Staff described the range of interests and activities that they each supported service users to develop. There was evidence that all staff had been trained appropriately for their specific areas of responsibility.

Safeguarding procedures were understood by staff members who were interviewed. All confirmed that practice throughout the centre was of a high standard and that they were trained to respond appropriately in all aspects of their work. Safeguarding training had been provided for all staff and was identified in the training records for 2017-2018. The manager and one senior day care worker completed Safeguarding Vulnerable Adults training for management staff, in May 2017.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. A fire risk assessment was carried out on 10 April 2017, leading to several recommendations being made. The Fire Officer visited the centre on 05 December 2017 and confirmed that all recommendations had been attended to satisfactorily. Fire safety training for all staff was included in the training records and the manager was scheduled to undertake Fire Warden training in February 2018, the month of this inspection. Risk assessments with regard to transport, mobility, food texture/swallowing, moving and handling, or behaviours specific to the individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. The monitoring officer carries out regular audits of a range of the centre's operations and data is presented monthly in monitoring reports.

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. For many service users, this written document is inaccessible information as they rely on relatives and care staff to advocate on their behalf, should there be any concerns about the standards of care. No complaints had been received within the period since the previous care inspection. In that period, fourteen notifications of incidents or accidents had been received by RQIA from Magherafelt Adult Centre. Five incidents were identified as 'Behavioural issues', an example of which was one service user having been nipped by another. Five reports related to accidents, such as a fall. All of the incidents and accidents had been managed and reported appropriately. Staff presented as being well informed of the needs of each service user and of methods of helping to meet those needs safely.

Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. The evidence presented supports the conclusion that the manager and staff are focussed clearly on the provision of safe care in Magherafelt Adult Centre.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The centre’s Statement of Purpose and the Service User’s Guide provide the information required by regulations and minimum standards. Nine service users provided information verbally, four in the main adult centre and five in the satellite unit. The feedback was positive in all respects, including the effectiveness of the care provided. Some people expressed their satisfaction in terms of levels of enjoyment in activities and liking people in the centre. One relative stated that the day care service had contributed very positively to the life of her family member. She said that the service was supportive to her whole family in providing safe and compassionate care and that her son always goes happily to the centre. Staff have been successful in engaging him in a range of different activities and, over time, the incidence of his challenging behaviours has diminished. She believed that this shows how effective the care is in Magherafelt Adult Centre.

Observations of practice and of service users’ activities throughout the first day of the inspection, spent in the main centre, provided evidence of the positive promotion of activities for individuals, where this best suited the person’s needs, interests and personality. One man spoke of his jobs, which he enjoys doing alone, in the catering/lunch-time operations, while another, also enjoying solo tasks, visited the office to ensure that pens were available and the lighting was satisfactory. One man exercised outside on an adult tricycle, guided by a staff member. Another person was working through a seated exercise programme with the physiotherapist, in a one to one arrangement. Earlier, the physio staff had used ‘Rebound’ therapy with a service user on the trampoline in the main hall. The hall was closed to others during this period. Staff were observed in several rooms, engaging with service users, keeping people physically and emotionally comfortable and encouraging them in their immediate pursuits. Activities were conducted in a calm and respectful manner, which seemed to permeate the overall mood of the centre.

Five service users’ files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual’s attendance. Each file also contained a signed consent form for information to be accessed appropriately by other professionals. Care plans identified service users’ needs in good detail setting out the objectives for each person’s care and the actions required by day care staff, in order to meet the objectives. An example that was seen of a Behavioural Intervention Plan was well detailed and clear. Some care plans were designed principally using pictures and symbols in order to communicate most effectively with the service user. This well focussed work is commendable.

Each of the files examined contained risk assessments appropriate to the individual service user. Written records were kept of each service user's involvement and progress at the centre and these were made in keeping with the frequency stipulated by the minimum standards. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Reviews of one person's placement and care plan had been carried out twice within a ten week period, indicating that the service is responsive to individual needs, when these change. Well written review records were available in most of the files examined and, where possible, these included the service user's views and were informed by the written progress records. One person's review report lacked sufficient detail to meet the required standard. Dates and signatures were present in key parts of the care records examined in the main Adult centre. However, some of the Sperrin House records require improvement in this regard and in the content of progress records.

Each group in the main centre has a minimum of two staff at all times and this had been assessed as necessary for the provision of safe and effective care. Nine service users presented positive views of the enjoyment and support that they gained from taking part in the centre's activities, such as crafts, colouring, cooking, walking, exercising and going on outings. Service users confirmed that meals were always of a good standard. Two people spoke of the value they gained from meeting their friends in the centre.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as an enjoyable place in which to spend their time. Evidence indicates that, for the most part, the care provided is effective in pursuing the objectives of each person's care plan and in promoting service users' wellbeing.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment, care planning, record keeping, involving service users, using diverse treatments, liaising with relatives/carers.

Areas for improvement

The following areas for improvement were identified during the inspection:

One person's review report lacked sufficient detail to meet the required standard.

Dates and signatures were not present in all of the key parts of the care records examined in Sperrin House and these require improvement.

The content of progress records for some service users in Sperrin House requires greater detail.

	Regulations	Standards
Total number of areas for improvement	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.

Magherafelt Day Centre provides services for people who have learning disabilities and, in many cases, complex needs, including physical disabilities and/or health care needs, communication difficulties and some who present behaviours that require the close attention and frequent intervention of staff. On the day of this inspection, the atmosphere in Magherafelt Day Centre was welcoming and purposeful. Observations of interactions throughout the day provided evidence of service users being engaged by staff with respect, warmth and encouragement at all times. Service users related positively to staff and to their guided activities. Most activities took place in one of the five main rooms, with some service users having their own 'work stations' where they engaged in structured programmes of activity. Several service users were keen to show examples of the work that they were doing, or had completed and some said that they enjoyed being at the day centre where they have friends, and have good activities.

There is a range of activities, such as art and crafts, music/singing, counting and matching and outings. Service users take part in those aspects of the day care service that are planned for them and that they find appealing. Their ideas are sought and encouraged. Staff demonstrated an understanding of each person's needs as identified within the individual's referral records, assessments and his or her care plan. Staff provided assistance discretely and skilfully, when it was required, for example with health or personal care needs. A small number of service users moved around with only occasional guidance from staff, while others required more structure and support in order to benefit from their involvement. The provision of compassionate care was evident throughout the centre.

Magherafelt Adult Centre, registered for a maximum of 91 people, has a large staff team and is currently employing twelve agency staff in order to maintain sufficient staffing numbers for the identified needs of service users. While several agency staff have been working consistently in the centre for months, others are employed to cover shorter term staff absences. Given the complexity of needs of a large proportion of the service users who attend the centre, frequent changes of staff may have an adverse effect on certain service users' sense of security and on their day to day relationships within the centre. Additionally, staff teams in such settings benefit by building close working relationships and understanding with their colleagues. This strength is undermined by too frequent changes of personnel in the setting. Staffing arrangements for the centre must be reviewed with the aim of ensuring that service users receive such continuity of care as is reasonable to meet their needs.

The systems in place to ensure that the views and opinions of members were sought and taken into account included regular service users' committee meetings, held approximately bi-monthly, daily discussions with people in groups or individually and an annual quality review report setting out the findings of a questionnaire based survey of service users' and their carers' satisfaction with the service. During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to his or her involvement, progress and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Observations provided good examples of warm and compassionate interactions between staff and service users who appeared to be at ease with the staff and with the operations of the centre. Staff members' comments and actions,

along with the views expressed by service users, indicated that compassionate care is provided in Magherafelt Day Centre.

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, communicating with and valuing service users, demonstrations of caring attitudes in minute by minute practice, facilitating service users' involvement in the various activities and leisure interests, communicating with relatives and carers.

Areas for improvement

The staffing of Magherafelt Adult Centre must be reviewed to ensure that the employment of any persons on a temporary basis will not prevent service users from receiving such continuity of care as is reasonable to meet their needs. An optimum operating proportion of permanent to temporary staff should be established and this should be included in the Statement of Purpose, in keeping with Regulation 4(1)(c).

	Regulations	Standards
Total number of areas for improvement	1	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.

At the beginning of the inspection the senior day care worker provided information on the current operation of the centre and introduced service users and staff members to the inspector. A wide range of documentary evidence was provided to inform the inspection's findings. These included minutes of staff meetings and service user committee meetings, monitoring reports, service users' files, staffing information and written policies and procedures. Magherafelt Centre and the Northern Health and Social Care Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice. All current staff members hold a relevant qualification for their posts and the manager has been encouraging staff to take appropriate opportunities to further their training and qualifications. One senior day care worker is currently engaged in study and assessment toward the QCF Level 5 award in Leadership and Management.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in good detail in all three of the monitoring reports examined, which were for October and November 2017 and January 2018. Monitoring visits regularly took place unannounced and reports were clear and comprehensive, showing that all of the required aspects of the centre's operations were checked, with action plans completed to ensure that identified improvements would be addressed within a specified timescale.

There was evidence in records and from discussions with staff members to verify that staff training was well planned and delivered in a way that enabled permanent staff members to connect the course content of the training with their day to day practice. One staff member spoke enthusiastically of working with people who regularly presented behaviours that challenged staff to find creative responses and management techniques. The manager and staff had identified a number of training topics in addition to the mandatory training for staff, in order to ensure that the needs of service users can be met by staff who are appropriately skilled and knowledgeable. However, the current reliance on a large number of agency staff presents difficult challenges to team-building, relationship building with service users and the organisation of staff training. This issue is addressed in a requirement in the QIP, referenced to the provision of compassionate care in Section 6.6, above.

There was evidence from discussions with individual staff members to confirm that working relationships within the staff team were constructive and supportive. Effective day to day communications in the team were evident on a room by room basis, as staff seek to develop continuity of service for the people within each group. Formal staff meetings have been held only at the minimum standard frequency and advice was given on this matter. Formal supervision for staff has not been held as regularly as the standards require and a recommendation is made in this regard. Staff commented that the manager's leadership style was constructive and supportive and team members were encouraged to accept responsibility for their work and to work toward improving the overall effectiveness of the centre.

Areas of good practice

The evidence available at this inspection confirmed that Magherafelt Centre's leadership is effective in supporting staff, arranging training opportunities for staff, safeguarding service users, managing complaints and incidents and maintaining good working relationships.

Areas for improvement

Formal supervision for staff must be held at least as regularly as the standards require.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Amanda Matthew, 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)(b)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall review the staffing of Magherafelt Adult Centre to ensure that the employment of any persons on a temporary basis will not prevent service users from receiving such continuity of care as is reasonable to meet their needs. An optimum operating proportion of permanent to temporary staff should be established and this should be included in the Statement of Purpose, in keeping with Regulation 4(1)(c).</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As per regulation 4i c and schedule 1, the number, relevant qualifications and experience of persons employed in the day care setting is found in section 2 of the revised statement of purpose. The centre currently employs 24 permanent, 1 long term temp and up to 3 Trust as and when required staff. This meets the current requirements to meet assessed category of service user needs. Agency staff, from Trust contracted provider, are utilised, as required to cover shortfalls through absence and to help meet additional complex needs of service users reassessed as requiring higher level of support. All staff whether permanent or temporary are registered with NISCC, inductions and supervisions / appraisals are completed as required. Participation in mandatory and general training is expected / encouraged for all staff to ensure continuity of care.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>The registered person shall ensure that the report of a care review for the person identified to the manager is sufficiently detailed to meet this minimum standard.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This care review has been completed in line with the report format based on standard 15: 5</p>

<p>Area for improvement 2</p> <p>Ref: Standard 7.7</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>The registered person shall ensure that dates and signatures are present in all of the key parts of the care records examined in Sperrin House and that file audits are carried out regularly to maintain the required standards of record keeping.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Audit checklists are in place in front of each service user file. Manager has discussed this with staff in Sperrin House and will ensure that dates and signatures are in place and that regular audits take place by manager, monitor and key workers.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>The registered person shall ensure that the Sperrin House progress records for the identified service users are kept regularly, up to date and in meaningful detail.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Manager has met with day care workers in Sperrin House to discuss areas for improvement and will be monitoring area for improvement via progress in supervision and via audit checklist. Weekly visits to Sperrin House have been scheduled by Manager to focus on this.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall ensure that staff supervision is provided in keeping with the minimum standard.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Manager will ensure that all staff receive regular supervision as per minimum standards – no less than every 3 months. Manager has identified training as required in this area to enable band 5 staff to support in the area of supervision.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 3.1</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered provider should ensure that an individual written service user agreement is provided for each service user which details the services to be provided and is in keeping with all aspects of this standard. (A 'Transition Plan', addressing all of the required aspects of the standard, will meet the standard).</p> <p>Ref:6.2</p> <p>Response by registered person detailing the actions taken: The generic Service user Agreement, used across all adult centres and based on Standard 3:1, has been created to replace the previous Individual Centre Plan This is in place for new starts and is in process of being completed for all service users.</p>

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



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