



The Regulation and  
Quality Improvement  
Authority

Mindwise  
RQIA ID: 11133  
132 Union Street  
Lurgan  
BT66 8EF

Inspector: Lorraine Wilson  
Inspection ID: IN022976

Tel: 02838329492  
Email: [joice.mathew@mindwisenv.org](mailto:joice.mathew@mindwisenv.org)

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**Unannounced Care Inspection  
of  
Mindwise (Lurgan)**

**29 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 29 September 2015 from 10.45 to 15.45 hours. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	6

The details of the QIP within this report were discussed with Ms Patricia McGrath and Ms Ann Haddock, community mental health workers as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mindwise/Edward George Alexander Gorringe	<b>Registered Manager:</b> Joice Mathew
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mrs Ann Haddock	<b>Date Manager Registered:</b> 5 February 2014
<b>Number of Service Users Accommodated on Day of Inspection:</b> 17	<b>Number of Registered Places:</b> 20

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - Each service user has an individual and up to date comprehensive care plan.**

**Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.**

#### **4. Methods/Process**

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan(QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

At the commencement of the inspection, a poster was displayed in the centre informing service users and their representatives that an inspection was taking place and inviting them to speak to the inspector and provide their views of the service.

During the inspection the inspector met with nine service users, two staff and one visiting professional. There were no representatives or family members in attendance during the period of inspection.

The following records were examined during the inspection:

- the statement of purpose
- complaint records
- a sample of accident and incident information
- safeguarding information
- three monthly monitoring reports
- selected policies and procedures relevant to standard 5 and 8
- minutes of meetings of the service user group for August and September 2015
- file records for three service users
- staff duty rotas
- staff training information
- staff induction
- staff supervisory history

A review of the day care environment was also undertaken.

#### **5. The Inspection**

##### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the service was an unannounced care inspection dated 30 September 2014. The completed QIP was returned and approved by the care inspector.

Areas to follow up were:

- a. infection control and prevention

- b. service users' review
- c. maintenance of rear garden
- d. offices free from clutter

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (1) (c) 26 (2)	<b><u>Infection Control and Prevention</u></b>  The registered manager must ensure that mop heads are machine washable and stored in accordance with infection control guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  There was evidence that since the previous care inspection, replacement mops which were washable had been purchased and hooks to ensure the mops could be appropriately stored were in place in the shed.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 15.5	<b><u>Service Users' Review</u></b>  (a) The registered manager must ensure that the review report completed by staff meets all of the relevant areas in standard 15.5.  (b) Review reports should be signed and dated by the staff member completing the report and by the registered manager.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Three service user review reports examined met the relevant areas of the care review standard.  One review report examined was signed by the staff member completing the report and by the registered manager. Two other review reports had been signed by the staff member but not by the registered manager.  This part of the recommendation will be stated again for a second time.	

<p><b>Recommendation 2</b></p> <p><b>Ref: Standard 25.5</b></p>	<p><b><u>Rear Garden</u></b></p> <p>The organisation must ensure that areas not developed by the service users are kept free from weeds.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>On the day of inspection, weeds continue to be evident in the rear garden.</p> <p>Discussion with service users and staff confirmed that a volunteer had recently commenced work to clear the weeds, and this was still a work in progress at the time of inspection.</p> <p>This will be stated again for a third time and should be completed in full.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref: Standard 7.1</b></p>	<p>The registered person must ensure the office is free from clutter.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was no evidence that as indicated in the returned Quality Improvement Plan that the office had been cleared, as it remained cluttered on the day of inspection.</p> <p>This will be stated again for a second time.</p>	<p><b>Not Met</b></p>

### 5.3 Standard 5: Care Plan – Each service user has an individual and up to date comprehensive care plan.

#### Is Care Safe?

Mindwise Lurgan provide flexible day care to service users. Discussion with staff confirmed that all service users use the toilet independently, therefore continence care is not provided by staff at this setting.

The service user care plans were reviewed during this inspection, and three service users provided verbal consent for their care files to be reviewed by the inspector.

The two support staff on duty advised that as an organisation Mindwise were in the process of implementing revised care records for service users. Any new referrals to the service would be the first to have the documentation completed. Processes to provide training to staff on the revised documentation were in place.

The records provided evidence that service users (and their carer, if appropriate) are

consulted and involved in decisions about their care.

Staff incorporated service users' views into practice, to ensure that choices, issues of concern, complaints or risks are recorded and acted on, for example, where there are behaviours which are likely to pose risks for the service user or others, specific management arrangements had been recorded.

The needs assessment, risk assessments and care plans are kept under continual review, amended as changes occur and kept up to date to accurately reflect the needs and preferences of the service user. The needs assessment and care plans reviewed had been appropriately dated and signed by all relevant parties. To safeguard privacy and confidentiality of service user's information, unique identification should be recorded in care records. This was identified as an area for improvement.

The review reports examined were generally compliant with the review standard but two of the three records examined had not been signed by the registered manager as recommended during the previous care inspection. This is stated again as an area for improvement.

One professional visiting a service user on the day of inspection advised that staff were proactive in monitoring the health and well-being of service users and promptly identifying changes in condition and alerting professionals in a timely way.

The service users consulted commented positively about the day centre, the positive benefits and the attention they received from staff.

Questionnaires were also used to obtain opinions, and five service users completed and returned questionnaires on the day of inspection. The following outcomes were recorded:

- Five were very satisfied that they felt safe and secure at day care.
- Four were very satisfied that staffing levels are appropriate at all times.
- One was satisfied that staffing levels are appropriate at all times, but also commented that "need more staff."
- Five were very satisfied that staff knew how to care for them and responded to their needs.
- Five were very satisfied with the care and support received and confirmed that their views and opinions were sought about the quality of the service.

The two staff consulted had an understanding of service users' individual needs.

Generally there was good evidence that care plans examined provided sufficient detail to guide and support care.

### **Is Care Effective?**

In the three files examined, each service user had a core assessment. The assessment and risk assessments culminated in an individual goal based care plan being devised for each service user.

There was evidence that service users and or their representatives if appropriate work together with staff when planning care. Generally the care records sampled were satisfactorily

recorded and as previously indicated review care plans verified that they were regularly reviewed to ensure care plan objectives remain relevant and accurate.

Staff consulted advised that maintaining records can be time consuming, and can present as challenging particularly when only one staff member is on duty limiting the time staff have to listen and talk to service users.

Overall there was evidence to confirm that in respect of care planning an effective service was delivered.

### **Is Care Compassionate?**

Observation revealed that service users were treated respectfully. The staff took time to listen to service users' preferences, wishes and feelings. A number of service users preferred to meet with staff on a one to one basis.

The two staff consulted were knowledgeable and reflected a person centred approach, underpinned by informed values which are required to deliver care and support in meeting identified care needs.

Questionnaires were also used to obtain staff opinions, and two returned questionnaires recorded that staff were very satisfied that service users are afforded privacy, dignity and respect at all times.

A professional who met the inspector confirmed that the service provided a structure for the service users' day.

### **Areas for Improvement**

Two areas for improvement resulted in two recommendations. One recommendation regarding the signing of reviews by the registered manager had been made during the previous care inspection and is stated again. The other is to include service user unique identification in care records to safeguard privacy and confidentiality of service users' information.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>*2 (*Refer to 5.2, Recommendation 1)</b>
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## **5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting.**

### **Is Care Safe?**

There was good evidence that as a service Mindwise promotes service user involvement and empowerment. The culture within the centre also supports the wellbeing of service users, offering complimentary therapies and enabling service users to feel valued and promoting and supporting their engagement and participation in the running of the service.

There was evidence service users are encouraged to have their say in the operation of the Lurgan centre, and regular service user meetings are held, with minutes of meetings retained and available for inspection. Minutes of a meeting held in September 2015 and attended by nine attendees recorded that service users were requesting that a breakfast club which had previously been in operation would recommence. It has been agreed that a volunteer will recommence the breakfast club. Other agenda items discussed included the activities being planned, chair exercises and day trip planning for November 2015.

Service users who took part in group discussions and five who returned completed questionnaires confirmed they were very satisfied that their views and opinions are sought about the quality of the service.

There was evidence that an analysis of the Mindwise day care services had been undertaken by the Southern Health and Social Care Trust. Fourteen members from Lurgan had contributed to the overall analysis, and it was positive to note that commissioners of the service were encouraging service users to provide their views and to identify areas for improvement.

A system to record complaints was in place and records were maintained of any complaints or expressions of dissatisfaction together with details of the actions taken. One complaint received since the previous care inspection had been appropriately escalated to the Southern Health and Social Care Trust safeguarding team and reported to RQIA in accordance with notification procedures. An investigation by the appropriate statutory agency is ongoing and an update was provided. RQIA are not involved in the safeguarding investigation process. The registered person must ensure RQIA are updated on the investigation outcome and of any recommendations made for the service upon conclusion of the investigation. This is identified as an area for improvement.

Whistleblowing policies were also available and are included in corporate staff induction training.

The registered manager covers more than one day centre service and was on unplanned leave on the day of inspection. Two part-time community mental health workers were on duty throughout the inspection. Staff confirmed that the registered manager visits the centre frequently providing support. Review of the duty roster indicated occasions when one staff member was on duty. Some service users advised during consultation and in a returned questionnaire that whilst staff are attentive, there are not always enough of them, commenting that more staff were needed. Staff also discussed the challenges in completing paperwork and records and having sufficient time to spend with service users when one staff member is on duty.

Generally there was evidence from discussions held with service users, comments in returned questionnaires and in records examined that the registered manager and staff team presented as being committed to ensuring that safe, effective and compassionate care is delivered.

### **Is Care Effective**

There are a range of methods and processes which evidence a high level of consultation with service users and their representatives (when appropriate) regarding care plans and the programmes in which they participate.



Examples include:

- participation in day care events
- participation in service user groups
- service user participation in questionnaires
- service user meetings
- service user reviews

Two staff confirmed that service user involvement is a key element in the Mindwise project advisory group and service users are offered opportunities to sit on focus groups within the organisation.

There are also opportunities for service users to be involved in staff recruitment for the service. This practice is commended.

Unstructured activities such as contributing to making decisions about the running of the day service, social contact and volunteering opportunities within the wider organisation are provided.

Staff and service users confirmed there are opportunities for a range of structured activities to be enjoyed both within and outside of the centre and during the social events which are arranged.

On the morning of inspection a few service users had gone shopping, whilst several others were attending a physical activity in the local town hall. Several service users discussed bus trips held during the summer months, and also talked eagerly about those planned for later in the year. It was evident from the comments provided that the outings held were enjoyed and those day trips planned were being looked forward to.

Comments from service users included:

- "I have been coming here for many years and enjoy meeting the people."
- "We are like one big family and I have got to meet so many people I can relate to."
- "It is of great help and benefit to me."
- "The staff are always here for you, but they could do with more staff."

Service users are issued with correspondence inviting them to an annual review and key working staff are also invited to attend. Annual reviews evaluate the suitability of each service user's placement, involving the service user and his or her representative/s where possible and appropriate.

Staff were knowledgeable about service users' needs and had a clear understanding of the centre's philosophy of care, promotion of human rights and risk management. There were good systems to ensure that risks to service users were assessed continually and managed appropriately.

Training records examined confirmed that newly appointed staff will complete a programme of structured induction which is evaluated and signed off upon completion of the programme. There are opportunities for regular supervision sessions during staff induction.

In addition to the mandatory training for each year, there was recorded evidence that staff received training opportunities on current and relevant aspects of care work. One staff member responded in a staff questionnaire that “Mindwise provides varied accessible and excellent training.”

There were records available to confirm that an allocated monitoring officer from Mindwise undertook monitoring visits on behalf of the responsible individual at least monthly. Monitoring reports completed during June, July and August 2015 were reviewed and had been completed appropriately. To evidence that the monitoring officer consults a range of different service users during each visit, service user unique identification should be included in the report. This is identified as an area for improvement.

An annual report for 2015 which provides an evaluation of the service was not presented during this inspection. A copy of the report which includes service users’ views and opinions and which incorporates details of measurable outcomes should be submitted to RQIA when returning the Quality Improvement Plan (QIP). This is identified as an area for improvement.

A professional visiting the service provided positive feedback commenting that staff identified deteriorating health in a timely way and escalated information to the relevant people.

A range of policies were available regarding:

- consent
- listening and responding to service users’ views
- management
- control and monitoring of the setting
- quality improvement
- complaints

Generally effective processes were in place in ensuring that there is regular and consistent engagement with service users.

### **Is Care Compassionate?**

Staff interaction with service users was discreetly observed throughout the inspection period.

Staff had a positive attitude and there were examples of supportive appropriate language and encouraging tones of voice as well as good examples of service users being treated with dignity and respect.

The questionnaires and group interviews provided service users the opportunity to give their opinion about the care and treatment they received.

Comments made included:

- “The staff are helpful and approachable.”
- “I feel the staff help us greatly and nothing is too much bother.”
- “I feel at ease and comfortable talking to the staff.”

Written records reviewed also provided good evidence of the provision of services in a professional and compassionate manner.

Assurances were provided that the provision of care was compassionate.

### **Areas for Improvement**

Three areas for improvement were identified resulting in one requirement and two recommendations.

The registered persons should ensure that upon conclusion of a safeguarding investigation RQIA are informed of the outcome and actions for the service.

To evidence that a range of different service users are consulted during monitoring visits, service user unique identification should be included in the monthly monitoring report.

The annual quality report which includes service users' views and opinions and which incorporates details of measurable outcomes should be submitted to RQIA when returning the Quality Improvement Plan. (QIP)

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Accidents and Incidents**

A review of accidents and incidents which had occurred at the centre had been completed appropriately. These were also reviewed during monthly monitoring visits by the monitoring officer representing the responsible individual.

### **5.5.2 Environment**

A review of the day care environment noted that several areas within the service were not clean or well maintained and were in need of upgrading and redecoration.

A range of matters were identified and included:

- damage to woodwork and walls in the hallway
- The gents' toilet on the first floor was not clean, the shower cubicle and paintwork were in need of cleaning and there was no toilet seat available. Flooring was damaged and could not be effectively cleaned. Given the poor decorative condition of this area in particular, urgent upgrading is needed.

- Both staff offices were in need of de-cluttering, and consideration should be given to locating the main staff office to an area more accessible to service users. RQIA should be informed of any proposed changes prior to them taking place.
- The external rear garden should be effectively maintained and cleared of weeds.

The environmental findings were discussed with staff on conclusion of the inspection. In view of the issues identified, a review of the premises including an infection control audit should be undertaken by the registered persons. An action plan identifying areas for improvement and timescales for completion should be devised and submitted to RQIA. Satisfactory arrangements should be place for maintaining satisfactory hygiene standards. Two requirements were made in respect of these issues.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Patricia McGrath and Ms Ann Haddock, community mental health workers as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 29(1)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>On conclusion of the investigative process.</b></p>	<p>The registered persons must ensure that upon conclusion of the safeguarding investigation process, RQIA are informed of the investigative outcome and of any actions for the service.</p> <p><b>Ref 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The case is currently with the SHSCT Safeguarding Team and the PSNI are investigating the allegations. The manager makes regular contact with the team to get updated information. Once the case has been concluded RQIA will be informed of the outcome and any actions recommended for the service</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 26 (2)(a)(b)(d)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>20 November 2015</b></p>	<p>The registered persons must undertake a review of the premises to include an infection control audit.</p> <p>An action plan identifying areas for upgrading and improvement and timescales for completion must be devised and submitted to RQIA.</p> <p><b>Ref Additional Areas Examined 5.5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Service Improvement Officer has completed an infection control audit. An action plan has been developed with time frames included for the various actions to be carried out. The action plan has been forwarded along with this QIP.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 18 (2)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>20 November 2015</b></p>	<p>The registered persons must ensure that on a day to day basis effective arrangements are in place in the day care setting for maintaining satisfactory hygiene standards.</p> <p><b>Ref Additional Areas Examined 5.5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> As above the hygiene audit plan includes the timescales for all actions to be taken and includes both weekly and monthly timescales for actions as well as more long term plans for upgrading of the toilet area on the middle floor.</p>

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 15.5</p> <p>Stated: Second time</p> <p>To be Completed by: 6 November 2015</p>	<p>The registered person should ensure review reports should be signed and dated by the staff member completing the report and by the registered manager.</p> <p><b>Ref 5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Acting Registered Manager has signed the review report that was identified on the day of the inspection and all others have been checked to ensure that the appropriate signatures are in place. All subsequent review reports will be checked and signed by the registered manager.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 25.5</p> <p>Stated: Third time</p> <p>To be Completed by: 6 November 2015</p>	<p>The organisation must ensure that areas not developed by the service users are kept free from weeds.</p> <p><b>Ref 5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The service is being supported by the Work It programme in relation to the garden area and they are clearing as much of the area as possible at present in order to be able to plan for planting in the spring. A volunteer gardener has also been supporting the service but a longer term plan for the maintenance of this area is being drawn up.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 7.1</p> <p>Stated: Second time</p> <p>To be Completed by: 13 November 2015</p>	<p>The registered person must ensure the office is free from clutter.</p> <p><b>Ref 5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Staff informed that the office needs to be kept clutter free and this is included in the overall hygiene audit plan. Consideration given to moving to larger room on middle floor but this does not have telephone or internet access at present so a move cannot take place until this is sorted.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</p>	<p>The registered person should ensure that care records include unique identification of service users to safeguard privacy and confidentiality of service users' information.</p> <p><b>Ref 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Each service user has now been allocated a unique ID and this is used to help safeguard the privacy and confidentiality of service user's information. Only staff have access to the list in order to be able to identify who each ID belongs to.</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 17</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 November 2015</p>	<p>The registered person should ensure that a range of different service users are consulted during monitoring visits, and as evidence, service user unique identification is included in the monthly monitoring report.</p> <p><b>Ref 5.4</b></p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 17</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> When returning the Quality Improvement Plan.</p>	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The unique ID for each client consulted will now be included in the monthly monitoring form and this will provide evidence that a variety of service users are consulted with over course of the year</p> <p>The registered person should ensure that a copy of the annual quality report for 2015 which includes service users' views and opinions and incorporates details of measurable outcomes is submitted to RQIA.</p> <p><b>Ref 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The annual report had been completed in April 15 but was not printed and available on the day of the inspection. A copy has been included with this return</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Jackie McCaughey</p>	<p><b>Date Completed</b></p>	<p>18/11/15</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Edward Gorringe</p>	<p><b>Date Approved</b></p>	<p>23/11/15</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Lorraine Wilson</p>	<p><b>Date Approved</b></p>	<p>25/11/15</p>

*\*Please ensure the QIP is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**