

Unannounced Care Inspection Report 22 November 2018



The Rowan Centre

Type of Service: Day Care Service
Address: 56 Wallace Avenue, Lisburn, BT27 4AE
Tel No: 028 9262 8523
Inspector: Marie McCann

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

The Rowan Centre is a Day Care Setting with up to 40 places that provides care and day time activities for service users with physical care needs, sensory impairment and/or acquired brain injury.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Registered Manager: Ms Julie Walsh
Responsible Individual: Mr Hugh Henry McCaughey	
Person in charge at the time of inspection: Ms Julie Walsh	Date manager registered: Ms Julie Walsh - application received - "registration pending".
Number of registered places: 40	

4.0 Inspection summary

An unannounced inspection took place on 22 November 2018 from 09.15 to 15.45.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, staff supervision and appraisal, adult safeguarding, effective communication with service users, listening to and valuing service users, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to mandatory training requirements and completion of care records at least every five attendances.

Service users' comments are included throughout the report.

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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Julie Walsh, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 8 March 2018

No further actions were required to be taken following the most recent inspection on 8 March 2018.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection on 8 March 2018
- unannounced care inspection report from 8 March 2018

During the inspection the inspector met with the manager, a senior day care worker, a day care worker, three care assistants, a bus driver, a student social worker and five service users.

The following records were examined during the inspection:

- Two service users' care records.
- A sample of service users' daily records.
- Induction records of two recently recruited staff.
- A sample of staff training records.
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments records from March 2018.
- Staff roster information from 5 to 22 November 2018.
- Fire safety precautions.
- A sample of minutes from the four staff meetings from March 2018.
- The day centre's record of incidents and accidents from March 2018.
- A sample of monthly quality monitoring visit reports for August 2018, September 2018 and October 2018.
- Annual Review of Quality of Care Report.
- The Statement of Purpose, October 2018.
- Service User Guide, September 2015.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; six responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; ten questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in an appropriate position in the day centre to allow relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 March 2018

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

6.2 Review of areas for improvement from the last care inspection dated 8 March 2018

There were no areas for improvement made as a result of the last care inspection.

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 inspector reviewed the day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

The manager confirmed that staff employment records were held within the South Eastern Health and Social Care Trust (SEHSCT) human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The inspector reviewed the induction records of two recently recruited staff members. The inspector found that records were maintained of staff induction, with the induction components to be met at varying intervals having been signed off by both parties. Discussion with the manager and a review of records confirmed that a competency and capability assessment had been completed for those staff left in charge of the day centre in the absence of the manager and that this was subject to an annual review. Records demonstrated the staff were willing to assume this responsibility and had the required knowledge skills to do so.

Discussion with the manager, staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The senior day care worker was able to describe measures that would be taken to help ensure that appropriate staffing levels would be achieved in order to ensure that the safety and wellbeing of service users is maintained. A review of a sample of the staffing roster information evidenced that the planned staffing levels were adhered to. In addition to the staff roster information, a daily planner was maintained which outlined specific staff responsibilities and duties for the day, a record of service users in attendance, and the critical care tasks that the service users require support with.

A review of staff training records confirmed that staff had received mandatory training and other training relevant to their roles and responsibilities; for example, staff had completed training in relation to adult safeguarding, epilepsy awareness, dysphagia awareness, manual handling, infection control and equality and human rights. Staff confirmed that mandatory training was ongoing and that they had training opportunities over and above mandatory requirements with training available as required and specific to individual service users' needs. However, the inspector noted that some staff required update training with regards to basic life support and MAPA (Management of Actual or Potential Aggression). An area of improvement was made in this regard.

The staff reported that they felt their training provided them with the skills and knowledge to fulfil their roles and responsibilities. One staff member raised an issue with regards to the training provided to staff escorting service users on the bus to and from the day centre. This was discussed with the manager who agreed to liaise with senior management to confirm that the SEHSCT are assured that staff escorting service users on the bus are appropriately trained to support service users while using the service's transport.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They acknowledged that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The day care setting's governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised record, which is then reviewed and audited by the manager and the SHSCT governance department. A review of the records evidenced that there had been two incidents recorded since the previous inspection and these were noted to have been managed appropriately.

The manager reported that there were no restrictive practices in place within the setting other than the use of lap belts for specific service users who use wheelchairs. These decisions had been made following assessment by an Occupational Therapist in agreement with the service user and their representative as appropriate. A review of one service user's records evidenced that this arrangement was reflected in the day care centre's annual review process and the Occupational Therapy assessment. However, it was not reflected in the service user's care plan. The manager agreed to action this to ensure this was clearly reflected in the service user's care plan.

There were no recent or current adult safeguarding referrals or investigation records to examine. The manager confirmed that the SEHSCT safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership Policy, July 2015 and its associated Operational Procedures, September 2016. Discussion with the manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals and an adult safeguarding champion is identified for the SEHSCT. Discussion with staff established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Observations of the environment concluded that it was clean and tidy. Preparations were underway to decorate the day centre for Christmas. It was positive to note the display of service users' art and craft work around the centre. Discussion with the senior day care worker and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

Records examined identified that a number of safety checks had been undertaken in the setting including fire safety drills to ensure service users could exit safely and fire alarm tests. It was noted the last full evacuation drill was undertaken on 30 May 2018. A fire risk assessment was completed on 10 August 2017 and was due for review in September 2018. The manager provided assurances that she would liaise with the service's fire officer to request review of fire risk assessment. This issue was shared with the RQIA premises inspector following the inspection who will follow up with the manager to ensure compliance with fire safety requirements.

Discussion with service users and staff evidenced that they felt the care was safe. The following is a sample of comments made:

Service users' comments:

- "You can talk to staff about any concerns."
- "Happy with the service."

Staff comments:

- "I had an in depth induction and reviewed policies and procedures."
- "Training has been beneficial, with a mixture of eLearning, face to face and in depth training for specific areas."
- "Training is great."
- "They (service users) are very safe."

Fifteen returned questionnaires indicated that respondents were very satisfied that care provided to service users was safe; of these responses, 10 were completed by service users and five were completed by staff. One staff member indicated that they were satisfied.

Staff comments from questionnaires responses:

- “I have recently started in the rowan centre and feel that it is a very happy place to be employed. The training I have received has been of high standard and applicable to my role and I find management very supportive and approachable, giving good direction and guidance in all situations. Client care is lead with a person centred approach with the safety of the clients maintained at all times.”
- “The training that I have received is the best quality I have ever received in the care profession. I feel that I can ask any sort of question to help me in my job and to make the service users happier when they come into the centre.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, adult safeguarding, management of incidents, infection prevention and control, risk management and the day centre environment.

Areas for improvement

One area for improvement was identified with regards to ensuring staff have completed required mandatory training, specifically, basic life support and MAPA training.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service.

Staff discussed the importance of knowing the content of individual service user’s assessments and care plans to inform and guide their practice.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements and the records were organised and clearly indexed. Two service users’ individual files were inspected. They contained service user agreements; individualised care plans which identified service user’s care needs, goals and desired outcomes. In addition, there were a range of risk assessments relevant to the needs of the service user and multi- disciplinary assessment information, such as Speech and Language Therapy (SALT) assessments, as applicable. Care plans were noted to be comprehensive, holistic and person centred, and they clearly and concisely described service user’s needs. The inspector stressed that staff should evidence in records if service users are unable or unwilling to sign and include the reason for this.

It was positive to note the use of an alert notification in service users’ records which highlighted to staff relevant important information regarding service users’ individual health needs. Progress care records were noted to be inconsistently completed in regards to entries being documented on a minimum of every five attendances. In addition, the inspector noted that not

all progress records meaningfully reflected progress with agreed care plans and the objectives of day care of individual service users. An area for improvement was made in this regard.

Systems were noted to be in place to review the service users' placements within the day care setting and ensure it was appropriate to meet their health and social care needs. The records evidenced that collaborative working arrangements were in place with service users, their relatives and other key stakeholders. One of the records sampled evidenced the completion of a pre-review meeting with service users. The use of this person centred document is commended. The manager agreed that it is anticipated that all service users will be offered the opportunity to have this meeting prior to the formal review process.

Staff stated that there was effective communication and team work which ensured that safe and effective care was provided to service users. The staff spoken with advised that staffing arrangements had improved including the recent recruitment of two new staff and there is now a consistent staff team. They reported this has had a positive impact on the experience of service users and helped develop effective working relationships. Staff were aware of their roles and responsibilities and lines of accountability. Staff demonstrated knowledge of how to escalate any concerns and how to liaise with the multi-disciplinary team as needed on behalf of the service users. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the agency's whistleblowing policy and were able to access it.

Observations of practice on the day of inspection provided evidence the staff on duty were confident and effective when communicating with service users. It was noted that interactions between service users and staff were relaxed and spontaneous. Discussion with service users confirmed they were aware of who was in charge and that the management operated an open door policy, they confirmed they could raise any issues as needed. Service users expressed their confidence in the day care setting staff.

The inspector advised the manager to update the service user guide to include the contact details of the patient client council and other relevant advocacy groups and also the new staff details. The manager agreed to action this.

Discussion with service users and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "I didn't want to come here at first, but now enjoy coming and have had some great times here."

Staff comments:

- "The senior ensures we are informed of any change in service user needs and all staff have to read updated assessments."
- "The loss of a physiotherapist on site has been disappointing."

Fourteen returned questionnaires indicated that respondents were very satisfied that care provided to service users was effective; of these responses, nine were completed by service

users and five were completed by staff. One service user and one staff member indicated that they were satisfied that care provided was effective.

Areas of good practice

There were examples of good practice identified in relation to care plans and risk assessment, care reviews and communication between service users, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in regards to the completion of progress records for at least every five attendances.

	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.

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, consent, equality, dignity and respect were embedded in the culture and ethos of the day care setting.

Staff approaches and responses to services users were noted to be caring, cheerful and compassionate. Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. Staff acknowledged that service users require varying degrees of support with their care needs, they described how independence is promoted but when assistance is required this support is provided discreetly.

Discussions with staff regarding the activities planned confirmed that they were tailored to meet the needs of service users, as well as promoting their strengths and providing choice. Observations of service users taking part in activities on the day of inspection found that participation was enthusiastic.

It was positive to see the development of a six week Health and Wellbeing programme for male service users, which focused on physical and mental health promotion and included guest speakers as part of the programme.

Discussion with service users confirmed that their views and opinions are taken into account in all matters affecting them. Formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews, service user meetings and an annual service user quality survey. The inspector was advised that a list of dates for service user meetings were made available to service users, with guidance given that if they are unable to attend they could still contribute to the agenda. The minutes were typically made available for service users to view on the communal notice board. The minutes of recent service user meetings were not available for inspection as they were in the process of being typed. However discussion with service users confirmed that there were

regular service user meetings. A sample of minutes were viewed for meetings held in March 2018. The inspector advised that minutes of the meetings should be improved to ensure that service user feedback is included in respect of the agenda items discussed. In addition, any action plans identified should be clearly referenced, indicate who is responsible for specific actions and within what time frame to enable follow up of actions at subsequent meetings. The manager agreed to action this.

Observations of the lunch time meal confirmed that service users were given a choice in regards to the food and drinks available. Staff provided levels of support consistent with service users' individual needs. Staff afforded service users adequate time for lunch. The food appeared appetising and staff wore appropriate aprons when serving the lunch time meal. All service users spoken with confirmed that they were satisfied with the choice of meals served.

Discussion with service users and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "You get a choice about activities."
- "There is always something to do."

Staff comments:

- "Service users chose the activities they want to do."
- "There is an activity programme but it can change if the service users wish."
- "100 per cent service users are treated with compassion."
- "I want to know that the service users have left here and they have had fun."
- "Service users have meetings regularly and they are held on alternative days to ensure all service users get a chance to attend and contribute."
- "They (service users) are their own bosses."

Fourteen returned questionnaires indicated that respondents were very satisfied that care provided to service users was compassionate; of these responses, nine were completed by service users and five were completed by staff. One service user and one staff member indicated that they were satisfied that care provided was compassionate.

Service users' comments from questionnaire responses:

- "Every staff member is excellent. I'm very happy and ecstatic to receive care here. The care provided by the staff is superb. Staff at the Rowan Centre are extremely kind."
- "(Staff) very willing to help and everyone is happy."
- "I'm very happy with everything at the Rowan Centre."
- "Very happy and content with all at the Rowan Centre."
- "Very happy with my care and I get a good laugh with the worker's, it's great to get out of the house to my friends."
- "The Rowan centre is sweet; I love the craic and enjoy my day."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain 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 Statement of Purpose for the day care service was reviewed and updated by the provider on 16 October 2018. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. It was noted that the Statement of Purpose inaccurately referred to the manager as being registered with RQIA and the manager agreed to amend this detail within the document. The manager is in the process of applying to RQIA for registration.

Evidence gathered at this inspection indicated that the service is currently operating in keeping with its Statement of Purpose. There was a clear organisational structure and staff demonstrated awareness of their role, responsibility and accountability. This information was outlined in the day centre's Statement of Purpose. The registration certificate was up to date and displayed appropriately.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies of the Northern Ireland Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. Information regarding registration details and renewal dates are monitored during staff supervision process and compliance monitored by senior manager. The manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the day centre until their registration was suitably updated. The manager confirmed that all staff are currently registered.

Discussions with the manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the manager.

The manager confirmed that staff meetings are typically held bi-monthly. Minutes available for inspection verified this and identified an agenda, with evidence of information sharing and a quality improvement focus.

The manager and staff spoken with on the day of inspection confirmed that there are a range of policies and procedures in place to guide and inform staff. Staff are able to access these policies and procedures in hard copy and in electronic format.

A complaints file was available within the agency to record the management of complaints. There had been no formal complaints and one informal complaint recorded since the previous care inspection. Review of the records available identified that the informal complaint had been dealt with appropriately and that the complainant was satisfied with outcome of the complaint. Discussion with the manager confirmed that a robust complaints management process was in place within the SEHSCT.

The inspector confirmed there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The inspector discussed the monitoring arrangements under regulation 28 of the Day Care Setting Regulations (Northern Ireland) 2007. The regulation 28 monthly quality monitoring visit reports were available to be examined since the last inspection to October 2018. The visits were a mixture of announced and unannounced visits and were undertaken by another day care manager. The reports included evidence of consultation with service users, their relatives, service users' representatives and staff; review of the day care environment; an overview of accidents/incidents, complaints, compliments; an audit of records and an action plan and review of progress of the previous month's action plan. The inspector advised that a record of the service users and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable. The manager agreed to action this. A review of the day care setting's last annual report was noted to follow the requirements as outlined in Regulation 17 (1) and schedule 3.

The inspector was advised that staff training is being planned with regards to the General Data Protection Regulation (GDPR). The inspector advised the manager to liaise with senior management and also review guidance available on the RQIA website to ensure that staff are provided with the necessary information to help them understand and be aware of recent changes in this area of legislation.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support

- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made by staff:

- “Good management support could raise any issues and feel they would be listened to.”
- “Management is approachable, door is always open, and I’m very comfortable asking for advice and support.”

Twelve returned questionnaires indicated that respondents were very satisfied that the service was well led; of these responses, nine were completed by service users and three were completed by staff. One staff member indicated that they were satisfied that the service was well led and a service user and staff member indicated that they were undecided.

Staff comments from questionnaires responses:

- “I have worked in the trust for less than a year and it is the best job I have ever had. I love it. My managers are excellent, my colleagues are pleasant to work with, and a lovely range of experience and personalities, a very good blend.”
- “We at the Rowan Centre take great pride on the service we provide.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain 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 Julie Walsh, 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 Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 21.3 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that mandatory training requirements are met. This relates specifically to ensuring that staff receive basic life support and MAPA training in a timely manner.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The training dates for MAPA refresher courses for 2019 have been received from the Trust MAPA Coordinator and Linked Trainer. The manager will ensure that staff who require this training will be prioritised and it will be completed in a timely manner. Details will be put on the mandatory training plan for the coming and subsequent years.</p> <p>Basic Life Support training has been booked for February 2019 for all staff.</p>
Area for improvement 2 Ref: Standard 7.5 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that when no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case. The content of these records should also be improved to reflective progress with agreed care plans and the objectives of day care of individual service users.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The manager has devised a yearly plan to capture all contacts and progress linked to the service user's objectives. Training will be delivered to staff during team development day in February 2019 on the purpose and value of recording.</p>

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



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