

Unannounced Care Inspection Report 03 August 2016



Drumross Adult Centre incorporating 'New Ways'

Type of Service: Day Care Setting
Address: O'Neill Road, Newtownabbey, BT36 6UN
Tel No: 02890849632
Inspector: Priscilla Clayton

1.0 Summary

An unannounced inspection of Drumross Adult Centre and New Ways (satellite day care service) took place on 03 August 2016 from 9.45 to 17.00 and in New Ways on 08 August 2016 from 11.30 to 14.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting within both facilities were delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to induction, of new staff, staff training, staff supervision and appraisal, adult safeguarding, infection prevention and behavioural management. The centre's environment was well maintained, clean, organised with no visual risks observed.

One recommendation was made in relation to the development of a choking policy.

Is care effective?

There were examples good practice found throughout the inspection in relation to the provision of staff and service user meetings, risk assessment, care reviews and behavioural management audits and effective communication between service users, staff and other key stakeholders.

Four recommendations made in relation to this domain related to the provision of service user agreements; availability of audit outcome reports on transport and catering; further development of the care record audits and submission of a summary report on the outcome of service users questionnaire survey, including any action/improvements made as a result.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views and preferences.

No requirements or recommendations were made in relation to "is care compassionate" domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, provision of leadership, direction and support to the staff team. Staff development is encouraged through the availability of a range of professional development training, staff meetings, supervision and appraisal.

One recommendation made in the "well led" domain related to development of regular audits of accidents/incidents so that trends and patterns can be identified.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sarah Forde, registered manager and Nathalie Jackson, day care service 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.

1.2 Actions taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection conducted on 21 and 22 September 2015.

2.0 Service details

Registered organisation / registered provider: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered manager: Sarah Forde
Person in charge of the day care setting at the time of inspection: Sarah Forde	Date manager registered: 23 June 2016
Categories of care: DCS-LD, DCS-LD(E)	Number of registered places: 110

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Accidents/incident notifications
- Previous inspection report/QIP
- Correspondence.

The inspector met with Sarah Forde, the registered manager, Nathalie Jackson, NHSC Trust day care services manager, 12 service users individually and with others in small group format, six care staff within Drumross and New Ways and one visitor in Drumross.

The following records were examined during the inspection:

- RQIA Certificate of registration
- Staff duty rota

- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training records
- Three service user's care files
- Statement of Purpose and Service Users Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits
- Equipment maintenance
- Accident/incident/notifiable events records
- Annual summary Review report
- Minutes of recent service user'/representatives' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures.

A total of 15 satisfaction questionnaires were provided for distribution to service users, relatives/representatives and staff for completion and return to RQIA. Three service users, three relatives and two staff questionnaires were completed and returned to RQIA within the timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 January 2016.

The most recent inspection of Drumross and New Ways was an announced estates inspection. There were no requirements or recommendations made from the estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 and 22 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1)(a) Stated: Third time	The responsible Person must improve staffing levels in this setting to ensure staffing is compliant with this regulation. The returned quality improvement plan must report how the trust is going to meet the outcome of the staffing review for this setting, including timescales for recruitment of additional staff to meet the one to one and intensively staffed placements in this setting.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that staffing issues had been addressed with the appointment of two new care staff including one registered nurse with part time hours allocated as a senior day care worker.</p> <p>Staff and service users who were able to communicate confirmed that staffing levels were satisfactory and that service users' needs were being met.</p>	
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4.3 Is care safe?

The registered manager confirmed the staffing levels were satisfactory and explained that two new care staff had been appointed, one of whom is a registered nurse and works part time senior care worker and part time nurse. The registered manager confirmed that staffing levels are subject to regular review to ensure the assessed needs of the service users were met. No concerns were raised regarding staffing by service users or staff.

The nursing staff member has responsibility for all nursing duties including, for example, enteral feeding and emergency administration of medications.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A review of a sample of staff competency and capability assessments were found to satisfactory.

Review of completed staff induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities.

The registered manager and staff confirmed that staff supervision was provided on a three monthly basis and appraisal annually. Records of staff supervision and appraisal were retained.

Discussion with staff and a review of two returned staff questionnaires confirmed that mandatory training, supervision and appraisal of staff were regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the NHSC Trust human resource department. Review of the NHSC Trust recruitment and selection policy and procedure confirmed compliance with current legislation and best practice.

Discussion with staff confirmed that they were aware of the new regional policy entitled, Adult Safeguarding Prevention and Protection in Partnership (July 2015). A copy of the policy was available for staff in the centre. Staff demonstrated knowledge and understanding of adult safeguarding principles and were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training in the new policy was provided for staff. Contents of training provided were retained on file. The day care service manager confirmed that the Trust has planned to identify “champions” for adult safeguarding.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation with written records retained. Two incidents discussed with the registered manager are under investigation, one by the day care services manager and the second by the adult protection investigating officer. RQIA was notified of both incidents.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual service users. These were observed within care records examined for example, moving and handling, swallowing, behavioural and falls risk assessments. Care plans reflected measures in place to minimise risks identified. Discussion with the registered manager identified that Drumross and New Ways did not accommodate any service users whose assessed needs could not be met. Care needs assessments and risk assessments reviewed were updated on a regular basis or as changes occurred. One recommendation made related to the development of a choking policy as several service users were assessed to be at risk of choking.

A review of the policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that the only restrictive practice employed within the centre related to the use of keypad front entry system and lap belt usage in wheel chairs (as recommended by manufacturer) and that these were formally agreed and in use for service users safety and protection. Appropriate documented assessment and review involving specialist multi-professional Trust personnel was in place. Staff training in managing challenging behaviour was provided and recorded.

Inspection of three care records confirmed there was a system of timely referral to the multi-disciplinary team when required. Behaviour management plans were devised by the NHSC Trust specialist behaviour management teams. These were noted to be regularly updated and reviewed as necessary.

Review of the policy and procedures relating to safe and healthy working practices confirmed that these were reviewed regularly. Policies included, for example; COSHH, fire safety and manual handling.

The registered manager confirmed that equipment and medical devices in use was well maintained and regularly serviced. Observation of manual mechanical hoists and recorded maintenance/service dates evidenced these were fit for purpose.

Review of the infection prevention and control (IPC) policy and procedure (2015) confirmed that the policy was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC (October 2015) which was in line with their roles and responsibilities. Inspection of Drumross and New Ways premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the centre and efforts were applied to promoting good standards of hand hygiene among service users, staff and visitors. Notices promoting good hand hygiene were displayed throughout both centres in written and pictorial formats.

Inspection of the internal and external environment identified that the centre and grounds were kept tidy, safe, suitable for and accessible to service users, staff and visitors. There were no visible hazards observed which may impact on health and safety. Security fencing to the rear of Drumross was recently erected to ensure safety measures were in place to minimise risk to

The centre had a fire risk assessment which was dated 20 July 2016. One recommendation made by the assessing fire officer related to instillation of electromagnetic hold open of fire doors. The manager explained this has been reported to NHSC Trust estates department and was work in progress. Review of staff training records confirmed that staff had completed fire safety training annually and fire drill.

Six care staff spoken with during the inspection gave positive comments in regard to the overall provision of care. No issues or concerns were raised or indicated. Examples of comments made included:

- “We do our best to ensure service users are provided with the best service possible”.
- “Service user needs are met and any concerns expressed are taken seriously, we keep their relatives fully informed about the care provided and always seek their views and consent when necessary”.
- “We are provided with a good range of training”.
- “There is very good team work and staffing levels are satisfactory now”.
- “The manager and staff strive to provide a good standard of care for service users and are continuously seeking to improve the service provided to them”.

Service users indicated they were very satisfied with the care provided. No issues or concerns were expressed.

Three satisfaction questionnaires from service users, three from relatives and two from staff were completed and returned to RQIA within the timescale. All respondents indicated positive responses in the safe care domain.

Areas for improvement

One area was identified for improvement in the “is safe care” domain and related to the development of a policy on choking.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that staff in the centre responded appropriately to and met the assessed needs of the service users.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, associated person centred care plans, reviews of care and daily/regular statement of health and well-being of each service user. Care records examined also reflected the multi-professional input into the service users' health and social care needs which were noted to be updated regularly to reflect changing needs. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example; care records showed that service users were consulted and reflected their views, choice and preferences within "My New Plan" and "My care planning meeting".

The registered manager advised that written service user agreements setting out the terms of service for service users was work in progress. One recommendation was made on the availability of agreements.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Audits conducted included; finance, transport, catering, care records and service user satisfaction survey. A cleanliness audit is scheduled for September 2016 within New Ways.

The manager explained that she had not received the outcome of audits conducted on transport or catering undertaken within the centre and agreed to follow this up with the audit team so that she could ensure that any areas identified for improvement were addressed. One recommendation was made in this regard.

The registered manager explained that a service user satisfaction survey was almost completed with most responses received. The registered manager agreed to forward a summary report on the outcome of the service users' questionnaire survey to RQIA including action taken to address any issues or improvements made.

Evidence of audit was also reflected within the monthly monitoring visits reports where the views of service users, staff and relatives/representatives on the service provided were recorded.

Audits of care records undertaken included the listed content of documents held within each care file. One recommendation was made in regard to further development of this audit to include measurement against quality standard/indicators of recording as some notes made were noted to have gaps between dated entries, blue biro used and others not signed by all involved.

The registered manager confirmed that systems were in place to ensure effective communication with service users, representatives and other key stakeholders. These included pre-admission information gathering, multi-professional collaboration and team reviews, service user' meetings, staff meetings and staff briefing meetings held each am prior to service users' arrival at the centre. The registered manager and staff confirmed that an "open door" approach to the registered manager was available so that anyone can speak directly with her or the person in charge.

Service users and their representatives spoken with during the inspection alongside observation of practice evidenced that staff were able to communicate effectively with service users. Minutes of service user meetings were retained and available for inspection.

A review of care records and accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users.

Service users provided the following comments:

- "we love coming to the centre, I meet with my friends".
- "the staff are kind and good fun".
- "the manager, Sarah, is always here and does a good job".
- "we can have choice and don't have to do anything we don't want to do".
- "we have meetings to see that we are ok".
- "staff always come when I ask for help".

One relative commented during the inspection:

- "a good centre, staff excellent, they keep me fully informed about everything manager has an open door and we have reviews to ensure everything is to our satisfaction".

Three satisfaction questionnaires were completed and returned to RQIA from residents, three from relatives and two from staff. No issues or concerns were recorded.

Areas for improvement

Four areas were identified for improvement in the "is care effective" domain and related to; further development of the audit of care records to include recordings made by staff, availability of service user agreements and development and submission of a summary report to RQIA and outcome of audits undertaken of transport and catering.

Number of requirements	0	Number of recommendations:	4
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

There were a range of policies and procedures which supported the delivery of compassionate care. Discussion with staff, service users and one representative confirmed that service users' needs were being met in a dignified respectful manner.

The registered manager, staff and service users, who were able to communicate, confirmed that consent was sought in relation to care and treatment. Discussion with service users and staff along with observation of practice and interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity. Staff were also able to demonstrate how service users' confidentiality was protected. For example; any discussions held with service users regarding personal matters would be undertaken in private; care records are only shared with consent from service users or their representatives to those who need to know. Service users who were able to communicate confirmed that their views and opinions were taken into account in all matters affecting them.

The registered manager and staff confirmed that service users were always listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users, one representative and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

Service users were provided with a range of information in a format that they could understand. For example, pictorial timetables, service user guide, displayed information leaflets, signage and annual report.

Three completed questionnaires were returned to RQIA from service users, two from staff and three relatives. No issues or concerns were recorded. One relative commented "we have no concerns about Drumross and we are very happy the way things are run, we are kept informed"

Areas for improvement

There were no areas identified for improvement in the "is care compassionate" domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager, who was appointed in May 2016, has settled very well into her new post as registered manager of the two day care centres, Drumross and New Ways. The registered manager is a qualified social worker and has many years of experience working in both day centres prior to her promotion.

There was a clear organisational structure and all staff demonstrated awareness of their roles, responsibility and accountability. This was outlined in the centre's statement of purpose and service user guide. Discussion with the registered manager identified that she had good understanding of her role and responsibilities. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the centre through line management and frequent contact with her line manager, Nathalie Jackson, day care service manager who is in the centre on a very regular basis and provides her with regular supervision.

The registered manager confirmed that the centre operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed in a prominent position within the hallway of the centre. .

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures examined were systematically reviewed every three years or more frequently as changes occurred. One recommendation was made within Section 4.3 of this report in regard to the development of a policy on choking.

There was a complaints policy and procedure which was in accordance with the legislation and DHSPPS guidance on complaints handling. Service users and their representatives were made aware of how to make a complaint by way of the service user guide and NHSC Trust information leaflets on how to complain.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from service users, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure (Nov 2014) which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and notified to RQIA and other relevant organisations in accordance with the legislation and procedures. Regular audit of accidents and incidents was recommended so that any trends or patterns could be identified and action taken as necessary. The manager explained that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Reconciliations of financial and personal possessions held by the centre on behalf of service users were in place. The manager confirmed that all transactions undertaken by staff on each service user's behalf are recorded, maintained and signed accordingly.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. Records were retained by the registered manager and where necessary shared with staff at meetings held.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the service users. For example, dysphasia awareness and epilepsy management.

A monthly monitoring visit was undertaken to the centres as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for service users, their representatives, staff, trust representatives and RQIA to read.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The centre had a whistleblowing policy and procedure which was available to staff. Discussion with staff established that they were knowledgeable regarding same. The registered manager confirmed that staff could also access line management to raise concerns and avail of support. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Three completed questionnaires were returned to RQIA from service users, two from staff and three relatives. Respondents indicated positive responses in the “is care well led” domain.

Areas for improvement

One recommendation identified for improvement in the “is the service well led” domain related to the development of regular audits of accidents/incidents to identify and take action to address any trends or patterns.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sarah Forde, registered manager and Nathalie Jackson, day care service manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 Drumross incorporating New Ways day care centre. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered manager should ensure that individual service users are issued with written agreements setting out the terms and conditions of service.</p>
	<p>Response by registered provider detailing the actions taken: Service user agreements/Adult centre plans are continuing to be issued to all new service users and will be updated as appropriate.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered manager should ensure that a policy on choking is developed and made available to all staff.</p>
	<p>Response by registered provider detailing the actions taken: Currently choking issues are addressed within the Trust Dysphagia policy. (Dysphagia Management Policy for Adult Patients/Service Users Operational Date: 24 August 2016).</p> <p>This policy became operational on the date above and the Trust will review to consider if anything further re choking is required to meet the recommendation. Any decisions re policy development and implementation rest with the Registered provider.</p>
<p>Recommendation 3</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should request the outcome of audits conducted on transport and catering so that she can ensure that any areas identified for improvement were addressed.</p>
	<p>Response by registered provider detailing the actions taken: The registered manager has requested the outcome of the identified audits. The catering audit has been received and discussed with the catering staff. Any recommendations have been actioned. Transport audit has been requested and the deputy transport manager has passed this to her manager. Once received any actions will be addressed.</p>

<p>Recommendation 4</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>As agreed the registered manager is to forward a summary report on the outcome of the service users' questionnaire survey to RQIA including any action taken, if necessary, to address issues and improvements made.</p> <p>(This information was received post inspection as requested.)</p>
	<p>Response by registered provider detailing the actions taken: This has been actioned as noted above following the inspection. Summary has been passed to RQIA and action plan will be forwarded by the 31 October.</p>
<p>Recommendation 5</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p> <p>To be completed by: 31 November 2016</p>	<p>The registered manager should further development the current audit of care records to include measurement against quality standard / indicators of recording as some notes made were noted to have gaps between dated entries, blue biro used and others not signed by all involved.</p>
	<p>Response by registered provider detailing the actions taken: The manager has now amended the audit checklist to include the areas highlighted during the inspection and this has been shared with the staff team for action and will be ongoing. With reference to the use of blue biro highlighted this was in fact completed by a carer. Unit staff adhere to use of black ink.</p>
<p>Recommendation 6</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 31 November 2016 and ongoing.</p>	<p>The registered manager should ensure that regular audit of accidents and incidents is undertaken so that any trends or patterns can be identified and action taken as necessary.</p>
	<p>Response by registered provider detailing the actions taken: A monthly audit of incidents has been implemented and any identified patterns will be addressed.</p>

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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