



The Regulation and
Quality Improvement
Authority

Antrim Day Centre
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**Unannounced Care Inspection
of
Antrim Day Centre**

23 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 23 October 2015 from 10.15 to 16.45. 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. A room in Antrim Day Centre is currently being used on a temporary basis by Antrim Adult Centre, RQIA is liaising with the Northern HSC Trust regarding this.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

The details of the QIP within this report were discussed with Mr John Logan, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	Registered Manager: Mr John Logan
Person in Charge of the Day Care Setting at the Time of Inspection: Mr John Logan	Date Manager Registered: 31 July 2015
Number of Service Users Accommodated on Day of Inspection: 39	Number of Registered Places: 50

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 and theme have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

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

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the following records were examined:

- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) and it's report from the care inspection undertaken in the previous inspection year.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with 17 service users and had discussions with two care staff and one carer.

The following records were examined during the inspection:

- Complaints record (there were none recorded since the centre's previous care inspection) and one compliment
- Five accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of two service user's meetings
- Five service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Five monthly monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an announced care inspection dated 2 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 29 (f)	<u>Accident/Incident Notification</u> The registered person is required to notify RQIA, without delay, of any accident in the day care setting.	Met
	Action taken as confirmed during the inspection: Notifications of accidents and untoward incidents have been received by RQIA since Antrim Day Centre's previous inspection.	
Requirement 2 Ref: Regulation 23 (2)	<u>Investigation Report</u> The registered person must provide RQIA with a report of the findings of the current investigation into staffs' concerns and the actions to be taken to resolve them.	Met
	Action taken as confirmed during the inspection: The identified investigation was completed and an action plan put in place which included training for staff.	
Requirement 3 Ref: Regulation 16 (2) (b)	<u>Care plan</u> The registered person must ensure that the identified choking risk recorded within one resident's assessment is reflected within the care plan with measures in place to minimise the risk recorded	Met
	Action taken as confirmed during the inspection: The identified service user's care plan was updated to included the measures in place to minimise the choking risk.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 18.1	<u>Policy Review</u> Review and revision of the Day Care Centre's policy on Accident/Incidents is necessary as the policy in place does not make reference to the requirement to notify RQIA.	Met
	Action taken as confirmed during the inspection: Antrim Day Centre's procedures were reviewed and updated to reflect the need to notify RQIA of accidents and untoward incidents as per regulation 29. This was also recorded in the day centre's governance notes.	
Recommendation 2 Ref: Standard 17.6	<u>Statement of Purpose</u> The day centre's Statement of Purpose had been reviewed and updated in accordance with regulation. It is recommended that the review date is recorded in this document.	Met
	Action taken as confirmed during the inspection: The statement of purpose was reviewed to include the date this was completed.	
Recommendation 3 Ref: Standard 17.8	<u>Resident Guide</u> The day centre's service user's guide had been reviewed and updated in accordance with regulation. It is recommended that the review date is recorded in this document.	Met
	Action taken as confirmed during the inspection: The centre's service user's guide was reviewed to include the date this was completed.	
Recommendation 4 Ref: Standard 7.4	<u>Policy Development</u> It is recommended that a policy on choking is developed and shared with staff.	Met
	Action taken as confirmed during the inspection: Guidelines on choking have been issued by the Northern HSC Trust's Speech and Language team. Each service user identified at risk of choking has an individual assessment completed. This is retained in their care file and their care plan reflects the objectives of this.	

<p>Recommendation 5</p> <p>Ref: Standard 5.6</p>	<p><u>Fall Risk Assessment</u></p> <p>It is recommended that fall risk assessments are undertaken to identify service users at risk and where required care plans developed to reflect measures to minimise the risk.</p> <p>Action taken as confirmed during the inspection: Falls risk assessments are completed and information incorporated into service user's respective care plans.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 14.1</p>	<p><u>Complaint</u></p> <p>It was recommended that one complaint received at the centre and passed to the transport department for investigation is followed up by the manager and a record made of the outcome/action taken and if necessary any lessons learned.</p> <p>Action taken as confirmed during the inspection: Antrim Day Centre's complaints record was updated to include the outcome and action taken from the identified complaint. A copy of the complaint letter and the transport department's response is retained in the respective service user's care file.</p>	<p>Met</p>

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff.

The following policies and procedures in Antrim Day Centre regarding standard 5 were:

- Antrim Day Centre's Continence Guidelines
- Continence Policy and Procedure for Residential and Day Care Units.

Staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and

respectful; they preserved their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Service users stated care staff know them very well. There were sufficient numbers of bathrooms and toilets. No issues were raised.

It can be concluded care was safe in Antrim Day Centre.

Is Care Effective?

Five service user's care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. There was no evidence provided to show that two identified service user's care plans were reviewed by staff in the last year (or sooner if changes had occurred). One care plan was not signed by the manager and another care plan stated the service user 'is unable to sign,' however there was no information about whether or not the individual understood or agreed to the information contained in their care plan. A discussion took place with the manager that if a service user has a cognitive impairment, it is good practice for staff to liaise with their carer or representative to obtain their consent and signature. This is an identified area for improvement.

Discussions with two care staff concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users have a preference regarding the bathroom they use. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Review of five service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. However, improvements were needed to ensure the personal care/continence sections in care plans fully reflect the service user's needs and preferences. This is because the information in two identified care plans did not contain some information concerning (where appropriate):

- How the service user is approached
- The language used by staff
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

After review of standard 5, areas for improvement in care plans were identified, however it can be concluded care was effective in Antrim Day Centre.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

Discussions took place with a total of 17 service users, mostly in small groups around tables in the dining room during and after tea break and lunch and individually with others. Service users said staff were sensitive and respectful if they needed support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

It can be concluded care was compassionate in Antrim Day Centre.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	5	0
Service Users	5	0

Identified improvements are needed regarding standard 5, however the overall assessment of this standard showed the quality of care to be compassionate, safe and effective in Antrim Day Centre.

Areas for Improvement

One identified area for improvement is needed regarding RQIA's review of standard 5. This concerned the continence information in identified care plans and the review and signing of care plans.

Number of Requirements:	0	Number of Recommendations:	1
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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?

The day service has corporate Trust policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff.

Discussions with 17 service users, two staff, one carers and the manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. Review of the minutes of two identified service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in Antrim Day Centre.

Is Care Effective?

Discussions with the manager, 17 service users and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work. Examples were given by service users of how staff ensured these were obtained for example: there is a suggestion box in the reception area; informal discussions with staff, service user meetings; annual quality assurance surveys and their annual review of their day care placement.

Service users meetings are usually held on a monthly basis on either a Wednesday or a Thursday. The most recent service users' meeting took place in August 2015. The Trust held a focus group meeting with service users on 24 September 2015 to discuss the quality of the lunch meals. The catering and domestic services manager attended this meeting.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. Four of the five annual reviews occurred more than a year previous for example between June and September 2014. This was discussed with the registered manager as service user's should have an annual review and be involved (where appropriate) in this process. This is an identified area for improvement. All five review reports contained either the service user's or their representative's views and opinions of the day service.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to service users attending Antrim Day Centre in November and December 2014. The annual survey encompassed the following areas:

- How service users are treated by staff in relation to respect, privacy and dignity, attitude, behaviour, communication, infection control.
- Service user's overall satisfaction regarding the quality of the service.
- Completion of the service user's programme or attendance.
- Environment including disabled access, seating and equipment.

Thirty five completed questionnaires were received. Individual's in the Trust's Audit and Effectiveness Office completed the evaluation report which was informative and qualitative. It contained a large number of positive qualitative comments made by service users. Several areas of dissatisfaction were recorded and areas for improvement were identified, however the evaluation report did not contain an overview of the action taken from the previous years survey or an action plan with timescales as a result of the November/December 2014 survey. This is an area for improvement with regards to standard 8.5. The registered manager said the 2015 survey is due to be distributed to service users and their representatives in late 2015 or early 2016.

Complaints

Since the previous care inspection, no complaints had been recorded in Antrim Day Centre's complaints record since the centre's previous care inspection. Discussions with the registered manager reflected he is aware of minimum standard 14.10.

Discussions with service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff, the manager or deputy manager.

Compliments

One compliment was reviewed by the inspector since the centre's previous care inspection, this had been made by a carer who was grateful to staff regarding how well her husband had settled into Antrim Day Centre. She had stated she felt this was mainly due to staff encouragement.

Monthly Monitoring Reports

Five monthly monitoring reports were reviewed during this inspection for the months of May - September 2015 inclusive. The monthly monitoring reports were mostly qualitative and informative, however only reflected the views and opinions of Antrim Day Centre from one or two service users on each monitoring visit. The designated monthly monitoring person telephones at least one carer or representative on each visit to obtain their views and opinions of the day service. Based on the usual numbers of service users attending the centre, improvements are needed for the designated person to interview more than one or two service users on each visit. This is an identified area for improvement.

It can be concluded the quality of care provision in Antrim Day Centre was effective, however improvements are needed concerning monthly monitoring visits and their associated reports.

Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

Discussions with a total of 17 service users, individually and in three groups of three service users in the dining room at tea break and after lunch. A number of service users were unable to verbally communicate with the care inspector but observations of their facial expressions; body language and behaviour indicated they were comfortable and at ease in the centre. Observations of interactions between service users and care staff reflected they were treated with respect and kindness.

Discussions with 17 service users concluded the quality of their lives has improved significantly as a result of their attendance at Antrim Day Centre. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the qualitative comments made by service users about the day service included:

- *"I'm happy here."*
- *"It's a great centre. I enjoy it. The staff are all great".*
- *"It gets me out of the house away from looking at four walls".*
- *"I get excited about coming here as I really enjoy the company".*

- *“I enjoy it, it keeps me busy and gets me out of the house”.*
- *“It’s a great place and I’ve benefitted a lot from coming here”.*
- *“The staff are brilliant, very respectful, helpful and can’t do enough for us”.*
- *“I’m treated really well here, everyone is so friendly and I’ve no complaints”.*

Several service users said improvements could be made regarding the menu. These are specified in section 5.5.2 in the additional information part of this report. No concerns were raised.

Discussion with one carer whose father attends Antrim Day Centre concluded the quality of care provision was *“excellent”*. The carer stated: *“there is good communication between centre staff and the family.”* The carer complimented an identified bus driver for his consideration in reversing the bus as close to the front door as possible when collecting or returning her father home. No concerns were raised.

Identified areas for improvement are needed as a result of a review of this standard, however It can be concluded the quality of care provision in Antrim Day Centre was safe, effective and compassionate.

Areas for Improvement

Three areas for improvement were identified as a result of examination of this standard. These regarded:

1. The annual review of service user’s day care placement.
2. Monthly monitoring visits and reports.
3. Annual quality assurance of service user’s views and opinions of the day service.

Number of Requirements	0	Number Recommendations:	3
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Five accident and untoward incident forms were randomly sampled during this inspection. The service’s accident and untoward incident records were being maintained in accordance with regulation 29.

5.5.2. Lunch

The menu had been written in joined up print on a small section of the white board on a wall near the hatch in the dining room. The choices of main courses for the lunch meal were recorded, however with regards to dessert, the word “pudding” was recorded but not what this specifically was.

Three service users informed the inspector they have difficulty reading the menu and do not usually know what the dessert is until lunch time. One service user said she only attends on a Friday and the vegetables are always peas.

A number of service users attending Antrim Day Centre have a cognitive impairment and others have dementia. The need for larger clearer print and the provision of photographs depicting the daily choices of meal were discussed with the manager. The manager replied a new menu board has been ordered and photographs are in process of being taken of the meals provided to service users. Assurances were given that the menu would be written in larger print so it is easier to read, the choices of dessert would be recorded and another vegetable would be offered at lunchtime on Fridays.

5.5.3. Environment

The décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The environment was observed to be clean, tidy and in general well maintained.

Several areas of concern were identified during this inspection which concerned the safety of service users getting on or off transport. Part of the tarmac on the road directly at the entrance to Antrim Day Centre is uneven and there are several pot holes. This is a safety hazard for service users, particularly for those physically disabled individuals using wheelchairs or walking aids. The manager informed the inspector this part of the road is the responsibility of the Trust, it has been reported to the Trust's Estates Department and costings are being obtained to repair this area.

On the day of this inspection, the automatic entrance doors to the centre were faulty due to a bent arm at the top of one of the doors. This problem was noted in approximately April 2015, reported to the Trust's Estates Department and the automatic doors were fixed. Approximately one month later the problem re-occurred resulting in the centre's doors needing to be kept open for safety reasons during key peak times when service users arrive or leave on transport. Representatives from the Estates Department have re-assessed this problem and at the time of inspection were in the process of obtaining costs for replacement automatic doors.

Two identified blistered patches were observed on the wall above the radiator in the medic bathroom. The manager explained this damage originated from a leak in the adjoining room, the leak has since been repaired. On the day of this inspection a painter was assessing the work to be completed to make good the identified wall.

In relation to infection, prevention and control a small area of rust was observed under the sink in an identified male toilet. This needs to be repaired or the identified part of the sink replaced. Personal protective equipment (PPE) was observed to be displayed openly in bathrooms and toilets. A discussion took place with the registered manager about the need for PPE to be stored in closed drawers or cupboards. Identified areas for improvement in the exterior and interior of Antrim Day Centre are needed.

Areas for Improvement

Two areas for improvement were identified as a result of the examination of additional areas. These areas concerned:

1. The identified entrance area of Antrim Day Centre and the entrance doors.
2. Infection, prevention and control.

Number of Requirements	1	Number Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr John Logan, registered manager 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 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

Requirement 1

Ref: Regulation 26(2)(b)

Stated: First time

To be Completed by:
31 December 2015 for all

With regards to the safety of service users, the registered person must ensure:

- (a) The entrance doors to Antrim Day Centre are repaired or replaced to ensure they are no longer faulty.
- (b) The area of uneven road directly at the entrance to Antrim Day Centre is made good.
- (c) The two identified blistered patches are made good on the wall above the radiator in the medic bathroom.

Response by Registered Person(s) Detailing the Actions Taken:

Recommendations

Recommendation 1

Ref: Standard 5

Stated: First time

To be Completed by:
10 December 2015 for (a) and (c)
Once per year for (b)

The registered manager should ensure service user's care plans:

- (a) fully reflect the individual's continence needs including where appropriate:
 - (b) Where appropriate:
 - How the service user is approached
 - The language used by staff
 - If a preferred bathroom is used
 - The name and size of continence product used and where this is stored
 - The name and type of equipment used and the type and size of sling
 - The number of staff needed to provide assistance
 - The level of staff support and assistance needed
 - If a change of clothes is available and where these are located.
 - (c) Are reviewed and updated at least yearly or when the individual's needs change.
 - (d) Contain the signatures of either the service user or their representative/carer; the person who is completing the care plan and the registered manager. If the service user is unable to sign, there should be a signature from the carer or representative.

Response by Registered Person(s) Detailing the Actions Taken:

<p>Recommendation 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager must ensure Antrim Day Centre's next annual quality assurance evaluation report contains the following information:</p> <ul style="list-style-type: none"> (a) An overview of the outcomes of the action taken from the Antrim Day Centre 2014 survey; (b) An action plan with timescales regarding any improvements needed as a result of the 2015 survey. (c) Records should be retained of how and when the evaluation report or a copy of same is shared with service users and/or their carers and representatives. <p>Response by Registered Person(s) Detailing the Actions Taken:</p>
<p>Recommendation 3</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be Completed by: 10 December 2015</p>	<p>The registered manager should review the centre's menu board in the dining room to ensure the print is larger, easier to read and the daily menu should also reflect:</p> <ul style="list-style-type: none"> (a) photographs of the daily choices of lunch, this will help service users with a cognitive impairment make an informed choice (standard 10.3) (b) the specific choices of dessert and vegetables provided to service users (standard 10.2). (c) Ensure that another vegetable apart from peas is offered to service users on Fridays. <p>Response by Registered Person(s) Detailing the Actions Taken:</p>
<p>Recommendation 4</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered manager should ensure service user's have an annual review of their day care placement.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p>

<p>Recommendation 5</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>With regards to the total number of service users attending Antrim Day Centre, the registered person should ensure the designated registered person undertaking monthly monitoring visits of Antrim Day Centre's interviews more than one service user during each visit.</p>	<p>Response by Registered Person(s) Detailing the Actions Taken:</p>	
<p>Recommendation 6</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015 for (a) 24 November 2015 for (b)</p>	<p>In relation to infection, prevention and control, the registered manager should ensure:</p> <p>(a) The area of rust under the sink in the identified male toilet is made good or the part replaced.</p> <p>(b) Personal protective equipment (PPE) is not openly stored in bathrooms or toilets. PPE should be in closed storage.</p>	<p>Response by Registered Person(s) Detailing the Actions Taken:</p>	
<p>Registered Manager Completing QIP</p>		<p>Date Completed</p>	
<p>Registered Person Approving QIP</p>		<p>Date Approved</p>	
<p>RQIA Inspector Assessing Response</p>		<p>Date Approved</p>	

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



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk