

# Unannounced Care Inspection Report

## 04 August 2016



## Bardan Cottage

**Type of Service: Day Care Setting**  
**Address: 12 Bryansford Avenue, Newcastle, BT33 0AX**  
**Tel No: 02843723853**  
**Inspector: Suzanne Cunningham**

## 1.0 Summary

An unannounced inspection of Bardan Cottage took place on 04 August 2016 from 10.00 to 17.00 (24 hour clock).

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

### Is care safe?

The inspection of two service users individual care files; staff records such as induction, competency assessments, duty rotas, supervision and training; observations of the setting; discussions with service users and staff; and observations of care provided evidence that the care delivered in Bardan Cottage day centre was consistent with the settings statement of purpose and ethos.

The staff in Bardan Cottage were observed responding to a range of service users' needs in groups and individually. Service users were observed responding positively to the staff supporting them; they requested assistance from staff as they needed it. In discussions the service users complimented the staff and food; one service user rated both staff and food as 10 out of 10. The staffing levels were observed as responsive to service user's needs, welfare and safety during this inspection. The premises also presented as safe on the day of the inspection.

Overall the inspection of "is care safe" identified three areas for improvement regarding staff NISCC registration, staff induction and competency assessments and improving the timescales for staff appraisals. These should be addressed to achieve compliance with the minimum standards inspected.

### Is care effective?

The inspection of two service users individual care records, discussion with the service users, staff and relatives concluded care was being delivered at the right time, in the right place, and with the best outcome. Service users individual care needs had been assessed and plans were in place to meet assessed needs. Review arrangements did need to be improved to ensure the continued effectiveness and quality of care being delivered to service users.

Overall the inspection of "is care effective" identified two areas of improvement regarding care plans and the service user review. These should be addressed to achieve compliance with the minimum standards inspected.

### Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being communicated with openly and were being treated with dignity and respect. The staff were observed encouraging service users to take part in all aspects of day care. Staff were listening to service users and communicating with them in an appropriate manner.

Overall the inspection of “is care compassionate” identified one area of improvement regarding improving communication that promotes service users involvement in Bardan Cottage. This should be addressed to achieve compliance with the minimum standards inspected.

### Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they knew the current arrangements in this setting which were consistent with the registration details held by RQIA. Inspection of staff meeting minutes, policies and procedures, monthly monitoring reports and audit evidence showed the setting had arrangements in place that should promote quality improvement throughout the setting. The policies and procedures should be improved so they are fully compliant with standard 18.

Overall the inspection of “is care well led” identified one area of improvement regarding improving the settings policies and procedures in Bardan Cottage in terms of the staff having access to a full set and their content. This should be addressed to achieve compliance with the minimum standards inspected.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Cathy Bates, Acting 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/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 08 February 2016.

## 2.0 Service details

<b>Registered organisation / registered provider:</b> GL Care LLP/Mr Liam John Lavery	<b>Registered manager:</b> Mrs Cathy Bates
<b>Person in charge of the day care setting at the time of inspection:</b> Cathy Bates	<b>Date manager registered:</b> Registration pending approval
<b>Categories of care:</b> DCS-DE, DCS-I	<b>Number of registered places:</b> 20

## 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the setting
- Information and correspondence received from the acting manager and responsible person
- Application for manager to be registered with RQIA
- Incident notifications which revealed no incidents had been notified to RQIA since the last inspection on 08 February 2016
- Unannounced care inspection report 08 February 2016.

During the inspection the inspector met with:

- The acting manager
- 16 service users
- Two care staff
- Three service users' visitors/representative.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff in Bardan Cottage day centre. None were returned by service users, four by staff and one by a relative.

The following records were examined during the inspection:

- Two service users care files and a sample of service users daily records
- Three care staff files
- A sample of the staff rota for July and August 2016
- The staff training record for 2015 & 2016
- Two staff induction records
- Supervision schedule for care staff
- A sample of incidents and accidents records from February to August 2016
- Fire safety records
- The complaint and issue of dissatisfaction record which had no entries written in for this inspection period from April 2015 to August 2016
- The statement of purpose and service users guide for this setting

- The service user meeting records for November 2015 and March 2016
- The staff meeting minutes held on 11 January, 16 April and 18 July 2016
- The annual survey report 2015
- The settings policies and procedures
- The monthly monitoring reports from January to June 2016.

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 08 February 2016

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 08/02/16

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 4 and Schedule 1  <b>Stated:</b> Second time	The registered manager must review the settings statement of purpose to ensure compliance with Regulation 4 and Schedule 1. Particular attention should be given to improving the section on relevant qualifications of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed a review of the statement of purpose had been completed at the time of inspection.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 28  <b>Stated:</b> First time	The registered provider must ensure that the centre is visited monthly in accordance with Regulation 28. A report of the visits must be maintained and be made available to service users and other relevant stakeholders.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the registered provider had visited the centre once per month since the last inspection in accordance with regulation 28. The reports were made available for inspection	

<b>Requirement 3</b>  <b>Ref:</b> Regulation 17 (1) (a) (b)  <b>Stated:</b> First time	The registered person must ensure there is an annual review of the quality of care provided in the day care setting. The review should ensure service users and their representatives are involved in the process. A quality review report should be produced and made available to all relevant stakeholders.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed this report had been completed.	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time	The registered person should further develop care plans to include the support needed for each service user and the arrangements for the supply of any continence products.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Two care plans were examined. Care in this regard had been recorded and where applicable included the arrangements for support and the supply of continence products	

#### 4.3 Is care safe?

The staffing numbers were reviewed as part of this inspection. On the day of the inspection the staff on duty were the acting manager, four care assistants providing care and a chef who prepared a full dinner for the service users. The rota was examined for July and August 2016. This recorded who was on duty and each staff member's role and responsibilities for that day including activities, bus escort and driving duties, and areas staff are responsible for each day. This was compliant with standard 23.7. Observation showed there was enough staff on duty to attend to the personal and intimate care needs of the service users in this setting, during the inspection. Staff were observed providing groups with activities, providing individual care and assisting service users to be involved and remain independent.

Inspection of three staff files showed the organisation had adequate procedures in place to employ and support suitably qualified and experienced staff, who can undertake the roles they were employed in. The staff recruitment process was documented for each staff member. Areas for improvement were noted regarding:

- Evidencing the organisation is assured staff are registered and maintain their registration with the appropriate regulatory or occupational body.
- Staff induction and competency assessments. Staff had completed an administrative tick list with the manager and signed when completed. This process should be improved for social care staff so it also focusses on understanding role and responsibility and

competency when working in a social care setting, as well as administrative tasks. The NISCC induction standards, social care standards and code of practice could be referred to in this regard. The focus should be ensuring staff are competent to carry out the duties for their job, in line with the setting's policies and procedures.

- Staff appraisal. Staff had not received an appraisal within their first year of employment. The manager reported this would be completed after the first year of employment. This is not an annual arrangement and timescales should be improved in this regard.

Three recommendations are made in this regard.

The staff training record was examined and this showed the staff had undertaken their mandatory training on line. The list of training to be completed by staff contains 36 different subjects. This includes behaviour training, person centred care, safeguarding, infection control, fire awareness and medication. The training recorded is completed on line by each staff member and involves a quiz at the end; that staff must pass. The manager accesses reports to track what training the staff have completed. Manual handling and fire awareness training was delivered in house as a group session. The staff and manager recognised on line training does not allow for discussion regarding how information relates to their roles and responsibilities. Therefore they had discussed training in the team meeting to ensure application of knowledge to practice was explored. The feedback from the staff regarding training was; the training they had received had helped them to "practice safely".

Accident and incident records had been maintained by the staff and manager. Inspection of these records revealed the incidents of concern had been recorded and were audited for patterns or trends. One incident involved staff reporting concerns to social services and health professionals. This was recorded factually and sensitively. The recording showed risks were clearly identified, examined and reported. The recording showed staff worked to improve the service user's current health and future protection.

The day centre has a front door that is kept closed and a code is required to exit the door. Staff explained this ensures no one can wander in unannounced. Service users do have the code to exit, however they can ask staff if they want to go out and staff will accompany them. Service users also use the garden space. This was observed as accessible for service users who used this independently during the inspection.

Inspection of two risk management assessments and plans in service user's care files showed staff were noting all risks and how the risk should be managed by staff. This ensured the service user was safe in day care. Observation revealed a service user was using oxygen whilst in the setting. The manager had assessed the risk and safety issues relating to this.

Infection prevention and control, measures were observed as in place. Staff also confidently discussed when they need to use these measures. The environment presented as clean, clear from obstructions and tidy. There was comfortable furniture in the group rooms and enough space for service users who had mobility aids and wheelchairs to access areas they wanted to.

One relative returned a questionnaire. They answered yes to: their relative is safe and protected from harm in the day centre; they could talk to staff; the environment is suitable to meet their relative's needs; and they would report concerns to the manager. They wrote "happy, relaxed place. Everyone is treated well."



Four staff members returned questionnaires to RQIA. They responded they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

### Areas for improvement

Three areas for improvement were identified. The organisation should ensure their staff are registered and maintain their registration with the appropriate regulatory or occupational body; staff induction and competency assessments should be improved to show all staff are competent to carry out the duties for their job. The timescale for staff appraisals should be improved.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
-------------------------------	----------	-----------------------------------	----------

#### 4.4 Is care effective?

Bardan Cottage Day Centre statement of purpose describes this day centre as “a secure, relaxed and homely environment. Staff will strive to preserve and maintain the dignity, individuality and privacy of all service users within a warm and caring atmosphere, and in doing so will be sensitive to the service user’s ever changing needs”. During the inspection our observation of the environment did confirm the day centre areas were homely and secure. The inspection of two service users care files confirmed service users’ needs had been assessed and the care plan detailed how their physical, emotional, psychological and spiritual needs will be met by staff. Risk assessments were also in place when risks had been identified. It was noted that care plans would be more effective if they detailed the service users own personal objectives and how those will be met in day care. Furthermore care plans should be agreed at first review (within 4 weeks) and subsequent annual care reviews with the service users. This was not evidenced on either file examined. Two recommendations are made to improve practice in this regard.

The day care records and service user care records were stored securely and safely in the manager’s office. Staff had completed training in record keeping and person centred care.

The complaints record did not contain any complaints that had been recorded in the last 16 months. Service users and relatives spoken to said they knew if they have a concern or problem they could talk to staff or the manager. They said they were confident this would be addressed in a timely manner to improve care or any concerns they had. The service users said they did not have any complaints. The staff had received training in management of complaints. One relative said the staff were “superb, they have the right skill mix, are compassionate and the care is excellent”. The staff were described as fussy about the standard of care they provide, they kept good lines of communication open with relatives. One service user said there is “nothing the staff can do better, the staff are great and it’s good to get out of the house”. These comments are complimentary regarding the staff and do demonstrate how effectively the users of the service feel staff are when delivering care.

The service provided a range of activities for the service users attending on the day of the inspection. For example there was a large group singing and involved in a music activity. Staff were helping service user’s complete creative projects, keep up to date with news, quizzes and discussion groups. The service users spoke positively about the activities on offer and said they enjoyed learning new skills and making creative items.



The relative's questionnaire answered yes to the relative gets the right care, at the right time, in the right place; they were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices; these are incorporated into the care they receive; and they are involved in their relative's annual review. The relative stated the staff had "bought books for (their relative) to stimulate her mind and a particular drink that they like which is healthy". This was examples of when staff had made a particular effort to meet service users' needs and preferences effectively.

The four staff questionnaires identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

### Areas for improvement

Two areas of improvement were identified to improve effective care in this setting. Care plans should include the service users own personal objectives for being in day care and the care plans should be reviewed at least annually with the service users.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
-------------------------------	----------	-----------------------------------	----------

#### 4.5 Is care compassionate?

The inspection included observation as well as inspection of a range of records. Staff were observed working together to meet the group's needs. They spoke to service users in a sensitive manner to involve them in the activity or discussions. The staff were using communication aids for one service user, to enable the service user to make their needs and preferences known. Generally staff were observed encouraging service users to make their preferences known and make decisions independently and confidently. One service user's communication was challenging and staff were observed discretely distracting the service user to avoid repetition. If a service user wanted to move away from the larger group this choice was facilitated and supported by staff.

The staff discussed they consult with service users every day to ensure they incorporate service users preferences and choices in the day to day schedule. For example the service had been awarded a dinner for service users and relatives in a local restaurant. They made arrangements for all service users to attend this day out, so they could enjoy this treat together. Other examples were staff had taken individuals for shopping, and to a hairdresser. They had incorporated service users' interests when planning activities and the food was tailored to service user's preferences.

The records of service users meetings were inspected, this provided evidence the meetings had been held infrequently. For example only two meetings had been facilitated in the last eight months; in November 2015 and March 2016. Furthermore the minutes were produced in a normal type and were not accessible for the service users. The staff could improve the frequency of the meetings and improve the accessibility of the minutes. This would further involve service users and their families in influencing the running of the service. The 2015 annual report for the day care setting was provided for this inspection. This report included service user's views and comments. Suggestions were made by service users and they were highlighted in the report. However there was no action plan incorporated into this report or assurance that these suggestions would be incorporated by the organisation into day care into 2016. One recommendation is made to improve these two matters.

One relative's questionnaire stated their relative was treated with dignity, respect and involved in decisions regarding their care. They did not have any concerns regarding the care, they stated their relative is treated well and they are consulted regarding decisions.

The staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent, their views are sought, and they are acted upon.

### Areas for improvement

One area of improvement was identified regarding compassionate care which focusses on improving service user's involvement regarding service users meetings and the annual report.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
-------------------------------	----------	-----------------------------------	----------

#### 4.6 Is the service well led?

The day centre was displaying their certificate in a public area and to date had kept RQIA informed regarding any changes to their registration details.

There was a range of policies and procedures in place to guide and inform staff. They were centrally indexed and staff confirmed they knew where they were. A sample of five policies from this file showed the following improvements should be made:

- The complaints policy and procedure referred service users to RQIA who will deal with their complaint if they are dissatisfied. The manager was advised this is not correct and should be removed from this policy and their complaints information. Advice was given regarding referring service users to the organisations complaints policy, the trust complaints policy and the complaints ombudsman.
- The management, control and monitoring policy and procedure were not in the file. Only five policies were sampled therefore the manager should review this file to ensure the full set of policies are available for staff in compliance with standard 18 and appendix 2.

A recommendation is made in this regard.

The service audits the records and service user's care files through the monthly monitoring visit and report. Six reports from January to June 2016 were available for inspection. These were sampled and showed day centre records were being audited by the monitoring officer. The reports included an action plan and this was followed up at each inspection. In addition to this the manager has a system in place to monitor staff training in terms of frequency staff undertake training, how much of the training they have undertaken and the outcome of the examination following training. The manager said to date these systems had worked well in terms of monitoring compliance and effectiveness.

The staff meetings were sampled for 11 June 2016, 16 April 2016 & 18 July 2016. These meetings were held at least quarterly and detailed a range of matters regarding the operation and management of Bardan Cottage Day Centre. The minutes provided evidence the manager and staff were discussing service users' needs to ensure they were met, that the care provided is safe and improvements are made when necessary.

One relative said the service was managed well; the staff and manager were approachable; they were professional and caring and they have a copy of the service user's guide.

Four staff questionnaires identified the service is managed well, the service is monitored and communication between staff and the management is effective.

### Areas for improvement

One area of improvement was identified regarding the domain is the service well led. The accessibility and content of settings policies and procedures should be improved.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
-------------------------------	----------	-----------------------------------	----------

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Cathy Bates, acting 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 the day 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](mailto: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><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2016</p>	<p>The registered provider should put arrangements in place which evidence staff are registered and do maintain their registration with NISCC or the appropriate regulatory or occupational body.</p> <p><b>Response by registered provider detailing the actions taken:</b> The registered provider will ensure that staff members have provided evidence of their registration with NISCC and ensure that it is stored appropriately in their staff file in compliance with standard 21.6.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 23.2 &amp; 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2016</p>	<p>The registered provider should improve arrangements for staff induction and staff competency assessments in Bardan Cottage Day Centre.</p> <p>The process should be improved so it also focusses on role and responsibility; and competency when working in a social care setting, as well as administrative tasks. The NISCC induction standards, social care standards and code of practice could be referred to in this regard.</p> <p>Evidence of the improved induction process and competency assessment(s) must be available for future inspections.</p> <p><b>Response by registered provider detailing the actions taken:</b> The registered provider will ensure that an improved staff induction programme and staff competency assessment will be introduced and will focus on all staff's roles and responsibilities incorporating NISCC induction standards. This improved induction process will be made available for future inspections in compliance with Standard 23.2 &amp; 23.3.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 22.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2016</p>	<p>The registered provider should improve arrangements for staff appraisal and ensure staff receive an appraisal no less than annually.</p> <p><b>Response by registered provider detailing the actions taken:</b> The registered provider will put arrangements in place to ensure that all staff receive an annual appraisal in compliance with Standard 22.5.</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2016</p>	<p>The registered provider should make arrangements for the service users individual care plans to be improved. They should detail the service users own personal objectives and how those will be met in day care.</p> <p><b>Response by registered provider detailing the actions taken:</b> The registered provider will make arrangements for all our clients individual care plans to be reviewed and improved to reflect our clients personal objectives and how those objectives will be met in compliance with Standard 5.2.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2016</p>	<p>The registered provider should improve the timeliness of the person centred care review process. The following timescales of the reviews must be evidenced:</p> <ul style="list-style-type: none"> <li>the initial review should take place within four weeks of the commencement of the placement</li> <li>there after reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care</li> <li>as a minimum, a formal review should take place once a year</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> The registered provider will provide evidence to ensure that our clients are provided with a settling in review within four weeks of commencing at Bardan as stated in our Service User Guide and will provide evidence of an annual review or a response to any changes in our clients circumstances in compliance with Standard 15.3.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 8.2 &amp; 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2016</p>	<p>The registered provider should improve service users involvement in the day care setting, for example:</p> <ul style="list-style-type: none"> <li>the frequency of the service users meetings.</li> <li>the accessibility of the minutes of service user meetings and annual report</li> <li>complete an action plan that details actions taken in response to service users views, opinions, suggestions and preferences for service users reference.</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> The registered provider will improve our clients' involvement in the day care setting by completing a detailed action plan in response to all of our clients views and opinions and will be made accessible to all our clients and their families/carers.</p>

<b>Recommendation 7</b>  <b>Ref:</b> Standard 18 & appendix 2  <b>Stated:</b> First time  <b>To be completed by:</b> 29 September 2016	<p>The registered provider should make arrangements for the settings policies and procedures to be improved. The following specific improvements were identified:</p> <ul style="list-style-type: none"> <li>• complaints policy and procedure must not direct service users to make a complaint to RQIA</li> <li>• The management, control and monitoring policy and procedure must be accessible for staff</li> <li>• The policies file should be audited and improved so a full set of policies are available for staff in compliance with standard 18 and appendix 2.</li> </ul>
	<p><b>Response by registered provider detailing the actions taken:</b>  The registered provider will make arrangements for all policies and procedures to be reviewed and improved regularly. They will be made available to all staff in compliance with Standard 18 and appendix 2.</p>

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)



@RQIANews