

# Unannounced Care Inspection Report 01 June 2017



## Bardan Cottage

**Type of service: Day Care Service**  
**Address: 12 Bryansford Avenue, Newcastle, Newcastle**  
**Tel no: 02843 723853**  
**Inspector: Suzanne Cunningham**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a Day Care Setting that cares for and supports up to 20 service users Monday to Friday. They provide care, support and day time activities for adults living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> GL Care LLP <b>Responsible Individual(s):</b> Mr Liam John Lavery	<b>Registered Manager:</b> Cathy Bates
<b>Person in charge at the time of inspection:</b> Cathy Bates	<b>Date manager registered:</b> 01 September 2016
<b>Number of registered places:</b> 20 - DCS-DE, DCS-I	

### 4.0 Inspection summary

An unannounced inspection took place on 01 June 2017 from 10.30 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, adult safeguarding, infection prevention and control, risk management and the home's environment which promoted safe care. Care records, reviews, communication between residents and staff promoted effective care. Staff were listening to and valuing service users which promoted compassionate care the governance arrangements and management of complaints promoted the delivery of safe, effective and compassionate care.

#### Areas for improvement

Areas requiring improvement were identified in relation to recording and planning to meet service users personal outcomes; gathering service users views; improving service user accessibility to information; and governance arrangements such as staff support; the annual report; and maintaining good working relationships which should promote safe, effective, compassionate and well led care.

Service users were asked to describe what they felt about the day care setting, they said "staff know what everyone needs"; "we have choice to do what we want, we just have to ask", "we enjoy being here", "we are happy here".

Relatives were asked to give their views regarding safe, effective, compassionate and well led care in this setting; they said "the setting is lovely, staff are lovely, they make us all feel special, staff around are better than the nursing home, I get a break". "I get on with staff very well, this is like our extended family, staff have an eye on what's going on, there should be more places like this".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Cathy Bates, registered 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 04 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 04 August 2016

#### 5.0 How we inspect

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and organisation GL Care LLP
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in August 2016
- Unannounced care inspection report 04 August 2016

During the inspection the inspector met with:

- The registered manager
- Two care staff
- Two service users representatives
- Four service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Two were returned by service users, two were returned by staff and four by relatives.

The following records were examined during the inspection:

- Three service users care files
- A sample of service users' daily records
- The complaints/ issue of dissatisfaction record from April 2016 to May 2017

- A sample of incidents and accidents records from August to May 2017
- The staff rota arrangements during May 2017
- The minutes of two service user meetings held in August 2016 and February 2017
- Staff meetings held Weekly in July 2016 and March 2017
- Staff supervision dates for 2017
- Nine monthly monitoring reports from August 2016 to May 2017
- Staff training information for 2016 and 2017
- a sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide.

Seven areas for improvement identified at the last care inspection were reviewed and assessment of compliance is recorded as met in six of those matters and partially in one of the matters.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 4 August 2016

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 04 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 21.6 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Four staff files were inspected and evidence of the NISCC registration was available and up to date at the time of inspection.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.2 &amp; 23.3</p> <p><b>Stated:</b> First time</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>Action taken as confirmed during the inspection:</b> The improved staff induction programme was made available for inspection which provided evidence this recommendation was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 22.5</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should improve arrangements for staff appraisal and ensure staff receive an appraisal no less than annually.</p> <p><b>Action taken as confirmed during the inspection:</b> Four staff files were inspected and staff appraisals were available when due and up to date at the time of inspection.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</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>Action taken as confirmed during the inspection:</b> Three service users individual care records were inspected which revealed the care plans had not been updated in this regard. This recommendation is brought forward to this QIP to achieve the recommended improvement.</p>	<p><b>Partially met</b></p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</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>Action taken as confirmed during the inspection:</b> Three service users individual care records were inspected which revealed the records of service users reviews provided evidence they were available and up to date at the time of inspection.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 8.2 &amp; 8.3</p> <p><b>Stated:</b> First time</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>Action taken as confirmed during the inspection:</b> Service user's involvement had been improved in terms of completing the action plan following the annual service user questionnaire. The frequency of service user meetings and accessibility of meetings had not been improved. These parts of the recommendation are brought forward to this QIP to achieve the recommended improvement.</p>	<p><b>Partially met</b></p>

<b>Area for improvement 7</b>  <b>Ref:</b> Standard 18 & appendix 2  <b>Stated:</b> First time	The registered provider should make arrangements for the settings policies and procedures to be improved. The following specific improvements were identified: <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>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policies and procedures stated above were inspected; they were available and had been updated at the time of inspection.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The inspection of four individual staff files, the staff rotas for May 2017, discussion with staff and the observation of care during the day confirmed there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of the service users. The number of staff available to provide care presented as sufficient taking into account the size and layout of the premises, the number of service users, fire safety requirements and the statement of purpose.

Records were kept of staff working each day, the capacity in which they worked and who was in charge of the centre which was compliant with standard 23.7. A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the manager and this revealed the staff member had received adequate training and was assessed as competent to undertake their roles and responsibilities.

An induction programme was in place for new staff that had commenced their post in this setting since the last inspection. The current induction programme was provided for this inspection and this included a competency based model that required staff to reflect on their understanding of service users' needs and practice.

The three most recently employed staffs files were examined which revealed recruitment practices included verification of matters described in regulation 21, Schedule 2, and Standard 20.

The inspection of the settings accident and incident records were inspected, this revealed staff had responded to two incidents regarding service users by providing a caring safe response to the service user after the incident. The incidents were effectively documented and showed staff were cognisant of safety and potential risks with the aim of preventing reoccurrence. The incidents/notifiable events did not require reporting to RQIA.

At the time of the inspection there were no restrictive practices in place for individual service users. Service users using wheel chairs were asked to secure the belt on the chair for their own safety and the front door was secured and managed by staff to avoid service users wandering out of the setting without staff knowledge. This also avoided strangers walking in unannounced which was an issue because the setting was modelled on service users' homes and there was no reception area. The manager confirmed the secure and managed front door was explained to service users and their families prior to commencing in the day care setting to ensure they accepted this potential restriction.

The environment was observed and this found infection prevention and control measures were in place, the setting was clean and tidy and the group rooms were not overcrowded with service users.

Fire safety precautions were in place such as fire exits were not obstructed, the last fire drill took place in January 2017 and this did not reveal any concerns regarding evacuation and weekly checks which were undertaken to ensure fire equipment and measures in place were effective.

Discussion with service users regarding is care safe revealed they knew that staff were around to help them and they were confident if they asked for help they would get the best care. Two service users returned questionnaires which identified they were very satisfied with the safe care in the setting. They felt safe and protected from harm, could talk to staff, the settings environment met their needs; they knew how to leave the setting safely if the fire alarm sounded.

Discussion with relatives revealed they felt the setting was a safe place for their relative to attend. Relatives questionnaires identified they were very satisfied care was safe in the day care setting. Their relative was protected from harm, they could talk to staff if they had concerns, and the environment was suitable to meet their relative's needs.

Discussion with staff revealed they were aware of the service users risk assessments and care plans which they needed to be familiar with to ensure the right care was given at the right time, in the right place. They confirmed they had received training to deliver the right care and staff numbers were adequate to meet the needs of service users. The staff questionnaires identified the staff were very satisfied the care was safe in this setting. The service users were safe and protected from harm, they had received training including safeguarding, they would report poor practice, risk assessments were in place and they receive support from the manager.

## Areas of good practice

There were examples of good practice found in the inspection in relation to staff recruitment, induction, adult safeguarding, infection prevention and control, risk management and the home's environment.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

The centre's statement of purpose and service users guide was sampled and the content was broadly consistent with the day care setting regulations and day care settings standards.

Three service user's individual care files were inspected. They included the service user's individual assessments and care plans, an individual written agreement that set out their terms of their day care placement and evidence of timely review of the care plan and assessment. Records were stored safely and securely in the manager's but could be accessed by staff if required during the day. Service users' care plans did not consistently contain information regarding service users own objectives or personal outcomes that they want to achieve in the setting. Where this information was included there was no action plan put in place by staff to enable the service user to achieve this outcome. This was identified and a recommendation was made in the last inspection therefore this is stated again in the QIP for this inspection.

Observation of care during the inspection found staff were actively responding to service users behaviour, non-verbal communication and verbal communication. They sought service users' preferences and ensured they were enabled to take part in activities of their choice.

Discussion with service users found they were confident staff knew everyone's needs and had the right knowledge to meet their needs. The service user questionnaires identified they were very satisfied care was effective in this setting. They were getting care at the right time, in the right place with the best outcome, staff communicate with them, they know each individuals needs and choices, staff encourage independence and the service users are involved in their day care setting placement.

Discussion with relatives found they preferred their relative to be in day care rather than residential or nursing care because the care was better for their relative and the staff are on hand to provide care. The returned questionnaires identified they were very satisfied with the effective care in this setting. The care was being delivered at the right time, in the right place, with the best outcome; staff were communicating effectively; staff were aware of their relative's needs and preferences; staff encourage independence; and they are involved in the care. One service user representative commented they were not aware of the annual review

meeting and this has been passed to the manager to ensure representatives are kept fully informed regarding processes that representatives can be involved in.

Discussion with staff revealed they aim to promote service users independence and skills in the setting. Staff described when and how they might escalate concerns which assured they were informed regarding their safeguarding and caring role and responsibilities. The staff described their assessment and note taking role enables them to monitor outcomes achieved with service users and they described themselves as committed to improving service user outcomes.

The staff questionnaires identified staff were very satisfied care was effective in this setting. Service users get the right care, at the right time, in the right place; service users were involved in their care, staff have experience, skills and knowledge of service users care plans to support service users; and they respond to service users in a timely manner.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents and staff.

**Areas for improvement**

There was one area of improvement found in relation to recording and planning to meet service users’ personal outcomes.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Observation of care found staff were enabling and supporting service users to engage and participate in meaningful activities of their choice, their hobbies and interests. The service users were observed as accepting of the support and enjoyed lively and friendly conversation between themselves and staff throughout the inspection. Activities on offer for service users during the inspection were a quiz, watching a film, games and craft/art activities. Service users were encouraged to use their memory by recalling knowledge, take part in reminisce, and using fine motor skills in activities. Using these skills in the day care setting has the potential to improve their outcomes, maintain skills and levels of independence.

The setting had held two service users meetings since the last inspection and similar to the last inspection this identified the frequency of service users meetings were not facilitating an effective system that could promote effective communication between service users and staff. This improvement was stated in the last inspection and discussion with the manager regarding improving this did not reveal any current blocks or concerns regarding achieving this. This recommendation is stated again to achieve improvement in this regard.

The annual service users’ quality assurance survey was completed and the outcome, action plan was displayed on the service user notice board which was located in the outside porch area and on the outside of the secure entrance. The manager was advised this was not the most accessible place for service user information to be displayed because they cannot access the board independently when in day care. It was agreed this information should be displayed in the day care setting and a recommendation is made in this regard.

Discussion with service users and observation of interactions indicated that service users were being treated with dignity and respect while promoting and maintaining their independence. The service users said the staff do ask for their choices and preferences throughout the day. The questionnaires returned by service users identified they were very satisfied that care was compassionate in this setting. They were treated with dignity and respect, involved in their care, and their privacy was respected.

Discussion with the service users’ representatives found they felt staff were approachable and they valued the break from their caring role that their relative’s attendance in this setting gives them. The returned questionnaires identified relatives were very satisfied care was compassionate in this setting. Their relative was treated with dignity, involved in their care, treated well and staff advocate for them.

Discussion with staff found they were aware of their role to promote and maintain service users’ independence in the setting. They said every day the service user group changed so they had to adapt their care to the needs of service users, their choices and preferences. Staff identified a key task in their caring role was giving service users time to talk and time to receive quality care. They described respectful, appropriate, timely practices that promoted service users right to privacy and dignity.

Staff questionnaires identified they were very satisfied the care was compassionate in this setting. Service users were treated with dignity, involved in decisions, are listened to, independence is encouraged and service users views are being used to improve the service.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff listening to and valuing service users.

**Areas for improvement**

There were areas for improvement found regarding opportunities to gather service users’ views and improving service user accessibility to information.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registration certificate was up to date and displayed appropriately. There was a range of policies and procedures in place to guide and inform staff. The whistleblowing, absence of manager and access to records policies and procedures were sampled, they reflected day care regulations and minimum Standards. Policies and procedures were centrally indexed and retained in a manner which was easily accessible by staff.

Staff supervision dates were provided for this inspection and this found staff had received recorded individual, formal supervision at least every three months. The staff meeting minutes were inspected for July 2016 and March 2017. The staff meetings were not held at least quarterly therefore the frequency of meetings should be improved to ensure staff are fully supported by management to deliver safe, effective and compassionate care.

No complaints had been recorded however a complaints record was maintained and made available for inspection.

The arrangements & evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals was the manager's informal review of practice and the Regulation 28 monthly quality monitoring visits (MMV) which included audits, recorded outcomes and an action plan. The MMV were undertaken monthly, were unannounced and qualitatively reflected service users and staff views and opinions.

The last annual report was not provided for the inspection and the registered manager was advised where guidance was available from the RQIA website and the matters that must be included in the report. A requirement is made for this to be completed and returned with the QIP to RQIA.

Discussion with service users confirmed they knew who the manager was in the setting however, they said they would go to any staff if they had a problem as they all know what they are doing. The service users questionnaires identified they were very satisfied with the leadership in this setting. They felt the setting was managed well, they knew who the manager was, they could talk to the manager if they were unhappy and the staff respond well to issues, concerns or suggestions.

Discussion with relatives revealed they knew who the manager was and she was approachable as was staff. The returned questionnaires identified they were satisfied care was well led in the setting. The setting was managed well, they knew who the manager was, staff are approachable and there is good communication in place.

Discussion with staff revealed staff felt well supported by their manager, since they had moved to this setting they felt they had found job satisfaction in a setting where they wanted to come to work and improve outcomes for service users. They said staff approach and the way the setting delivered care was person centred and focussed on improvement where possible.

The staff questionnaires identified they were very satisfied the setting was well led. The service was managed well, quality monitoring was undertaken regularly, concerns or complaints were responded to, staff meetings were held and communication between staff and the manager was effective.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to some governance arrangements and management of complaints.

### Areas for improvement

Areas for improvement were identified regarding some governance arrangements such as staff support and the annual report which should promote quality improvement and maintain good working relationships.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cathy Bates, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been

completed and return the completed QIP to [Day.Care@rqia.org.uk](mailto:Day.Care@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 July 2017</p>	<p>The registered person shall ensure the annual report is written for the last year of this day care settings provision of care.</p> <p>The content must be consistent with this regulation and Schedule 3.</p> <p>The completed annual report must be submitted to RQIA with the completed QIP.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Annual Review of Quality has now been completed by the Registered Provider and has been submitted to RQIA with the completed QIP as per Regulation 17 (1) of the Day Care Setting Regulations (NI 2007).</p>

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 5.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 27 July 2017</p>	<p>The registered person shall 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>Ref: 6.2 &amp; 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Care plans will be improved to contain information regarding our service users personal outcomes and will include an action plan to enable them to achieve these outcomes as per standard 5.2 of the Day Care settings Minimum Standards 2012.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 8.2 &amp; 8.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 27 July 2017</p>	<p>The registered person shall 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> </ul> <p>Ref: 6.2 &amp; 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> Service user involvement in our day care setting will be improved by the frequency of meetings which will facilitate a more effective system to improve communication between our service users and staff. The minutes from these meetings and annual reports will be displayed on our newly placed notice board which will be accessible to all as per Standards 8.2 and 8.3 of the Day Care Settings Minimum Standards</p>

	2012..
<b>Area for improvement 3</b> <b>Ref:</b> Standard <b>Stated:</b> First time <b>To be completed by:</b> 27 July 2017	The registered person shall move the service user information board so it is accessible for service users reference when they are in day care.  Ref: 6.6  <b>Response by registered person detailing the actions taken:</b> As per discussion with the inspector on 1.7.17, the service user notice board which is located in the outside porch area of the setting will now be placed in a more accessible area in the unit where our service users can access it independently when in day care.
<b>Area for improvement 4</b> <b>Ref:</b> Standard 23.8 <b>Stated:</b> First time <b>To be completed by:</b> 27 July 2017	The registered person shall improve the frequency of the staff meetings. They should be held at least quarterly and should support staff to deliver safe, effective and compassionate care.  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b> As per Standard 23.8 of the Day Care Settings Minimum Standards 2012, staff meetings will be held quarterly to improve and ensure that staff are being fully supported by management to deliver safe, effective and compassionate care to all our service users.

***\*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\****



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