

Unannounced Care Inspection Report

14 January 2019



Strabane Day Centre

Type of Service: Day Care Service

Address: County Buildings, Barrack Street, Strabane, BT82 8EU

Tel No: 028 7138 1601

Inspector: Marie McCann

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

Strabane Day Centre is a Day Care Setting that provides care and day time activities for up to 40 adults with a range of needs associated with old age, learning disability, physical disability and dementia. The day centre is open Monday to Friday and is operated by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: WHSCT Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Mr Dale Connolly – acting manager application not required
Person in charge at the time of inspection: Mr Dale Connolly	Date manager registered: As above
Number of registered places: 40	

4.0 Inspection summary

An unannounced inspection took place on 14 January 2019 from 09.35 to 17.05.

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 training; staff knowledge of adult safeguarding processes; infection prevention and control; risk management; care records and communication between service users, staff and other key stakeholders. Further areas of good practice were also noted in regards to: the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users, governance arrangements, staff supervision and appraisal, management of complaints and quality improvement.

An area for improvement was identified in regards to the day centre's annual quality report.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users include the following:

- "It's great here, I have been coming for five years, no problems."
- "The staff keep you busy."
- "They (staff) are all lovely."
- "Staff know all about my illness and health."
- "Staff are always checking if you are ok and what you would like."
- "I love bingo."
- "I have been coming here 20 years, I love it. You get a great meal."
- "Staff are great."

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mr Dale Connolly, 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 30 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 January 2018.

5.0 How we inspect

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

- The registration details of the day centre.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection on 30 January 2018.
- Unannounced care inspection report and QIP dated 30 January 2018.

During the inspection the inspector met with the manager, three staff and one service user's relative. The inspector greeted all the service users in a group setting and engaged with three service users in more detailed discussions to obtain their views about this day care setting.

The following records were examined during the inspection:

- Three service users' care records, including a sample of activity records.
- A sample of service users' daily records.
- Induction records of three agency staff.
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments record from January 2018 to 14 January 2019.
- Staff roster information for December 2018 and January 2019.
- Fire safety precautions.
- A sample of minutes of service users' meetings since the last inspection.

- A sample of minutes of staff meetings since the last inspection.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from January 2018 to December 2018.
- The Statement of Purpose, October 2017.
- Service User Guide, July 2017.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

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

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

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 30 January 2018

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 30 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 Stated: First time	The registered person shall ensure agency staff are required to complete a structured orientation and induction.	Met
	Action taken as confirmed during the inspection: A sample of records viewed on the day of inspection confirmed that agency staff who had worked within the day care setting had undergone a structured orientation and induction in the day centre.	

6.3 Inspection findings

6.4 Is care safe?

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

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

The day centre has a human resources (HR) department which oversee the recruitment process, including the completion of appropriate pre-employment checks. The manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

Discussion with the manager, a relative, staff and service users on the day of inspection confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager was able to describe measures that would be taken to help ensure that appropriate staffing levels would be achieved in order to ensure that the safety and wellbeing of service users is maintained. A review of the staffing roster for December 2018 and January 2019 evidenced that the planned staffing levels were adhered to. Records showed the numbers of staff working each day and the capacity in which they worked. The inspector recommended that the duty rota should clearly identify the person in charge on a daily basis. An improved staff rota template was forwarded to RQIA following the inspection and this was noted to be satisfactory.

Discussion with the manager and a review of records confirmed that a competency and capability assessment had been completed for those staff left in charge of the day centre in the absence of the manager during 2018.

There had been no newly recruited staff since the previous care inspection. The day centre has had on occasions to use agency staff to ensure sufficient staffing levels. The manager assured the inspector that the day centre endeavoured, as far as practicably possible, to book the same agency staff in order to promote consistent care delivery to service users and familiarity between them and staff. A review of the induction records for three agency staff who worked in the day centre since the last inspection evidenced that they had been orientated and made aware of arrangements specific to the setting and service users' care records. On the day of the inspection, discussion with staff and observations of them supporting service users did not highlight any areas for improvement regarding their practice.

Discussion with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil their duties and responsibilities. The manager and staff confirmed that training was ongoing and that they had training opportunities over and above mandatory requirements; some training was also made available which was specific to individual service users. Staff commented: "There is always some training going on.", "Management of Actual or Potential Aggression (MAPA) training was brilliant." and "the manager is very good at encouraging you to go on training".

Examples of additional training included: visual awareness, diabetes awareness and falls prevention; further training which has been organised over the next two months included: deaf awareness, stoma care and the virtual dementia bus. Discussion with the manager and a review of staff individual training records confirmed that the majority of mandatory training updates had been completed with dates arranged for any update training now due. The inspector recommended that the manager maintain a training matrix in addition to the individual staff training records which would assist with monitoring staff compliance with training requirements on a monthly basis. The manager agreed to action this.

The day care setting's governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents on an electronic system which is then reviewed and audited by the manager, a senior manager and the WHSCT governance department. Incidents and accidents are also audited on a monthly basis by the senior manager as part of the monthly quality monitoring visit. Discussion with the manager and a review of records since the last inspection evidenced that eight incidents had been reported. A review of a sample of these incidents verified that they been managed appropriately and effectively documented, with safety issues, risks and actions taken to minimise risk of reoccurrence being identified.

The manager reported that there were no restrictive practices in place within the setting other than the use of lap belts for specific service users who use wheelchairs. The decision to use lap belts in these cases has been made following assessment by the Occupational Therapist in agreement with the service user and their representative.

There were no recent or current adult safeguarding referrals or investigation records to examine. Discussion with the manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. Discussion with staff established that they were aware of potential types of abuse and their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

During discussion, staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring service users are happy, relaxed and comfortable in the day care setting. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had. In addition, discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response and how to access the organisation's whistleblowing policy.

The manager described the arrangements in place for management of service users' monies relating to the purchasing of lunch within the day care setting. Detailed financial records are maintained, however the inspector provided advice that these records should be signed by the service user as well as staff to confirm transactions. If a service user is unable to sign, a second staff member's signature should be recorded. The manager agreed to address this with immediate effect.

A review of the day centre's environment was undertaken and the centre was found to be warm, free of odour and clean throughout. Parts of the day centre were in the process of being repainted at the time of inspection. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and walk ways were clear and free from any obstructions. Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included availability of supplies of liquid soap and hand towels mounted on the wall, foot pedal operated bins and effective access to gloves and aprons as required. The inspector also reviewed evidence that the day centre received a score of 97 per cent compliance in December 2018 following an audit by the organisation's estates manager and support services manager.

Records examined identified that a weekly safety fire alarm test and monthly safety checks are undertaken. The day centre had four nominated fire officers and all staff had signed to confirm that they had read the fire safety manual and fire procedure for the day centre. It was noted that the last full evacuation drill was undertaken on 9 April 2018. A fire risk assessment was completed on 11 January 2018 July 2017 with a review visit planned on the 16 January 2019. It was confirmed by the manager post inspection that this fire risk assessment was updated on 16 January 2019 with action plan to be addressed.

Eight service users returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided to service users was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, staff knowledge of adult safeguarding processes, infection prevention and control and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

Three service users' individual files were inspected. They contained referral information; service user agreements; moving and handling assessments, transport assessments and individualised care plans with activity plans. Care plans were noted to be comprehensive, person centred and holistic, with service users' goals and personal outcomes recorded and planned for. Care plans were signed by service users or their relatives as appropriate to reflect consultation and agreement.

It was noted that a record was maintained of a home visit completed with service users prior to commencing the day centre. These records reflected that service users were provided with information with regards to: the routine of the day centre; lunch arrangements and charges; activities available; the care planning, risk assessment and review process. In addition, a copy of the day centre's complaints procedure and service user guide is also provided. The manager described how this is a positive meeting which takes place in the service user's own environment to promote service user empowerment and involvement in the admission process.

Systems were noted to be in place to undertake an initial and annual review of service users' placements within the day care setting and ensure it was appropriate to meet their health and social care needs. The records evidenced that collaborative working arrangements were in place with service users, their relatives and other key stakeholders. Service users' objectives are reviewed as part of this process and service user feedback is sought with respect to: their wishes regarding the placement, their needs at the time of review and their relationship with staff and other service users. The review process also incorporates a full review of service users' assessment of need.

Records were observed to be stored safely and securely in line with data protection requirements.

The manager and staff spoken with on the day of inspection recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely. Risk assessments and care plans were noted to be reviewed regularly. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance by the individual. A sample of these records viewed noted that staff entries were meaningful and comprehensive.

Staff stated that there was effective communication and team work which ensured that safe and effective care was provided to service users. Systems were in place to ensure staff were updated regarding any changes or concerns relating to service users' needs or wellbeing. Staff commented: "We are kept fully informed of any changes in service users' needs and if we have been off we can always check the team briefing book." Staff recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required. A service user's relative commented: "Staff keep me up to date about everything." and "The place is great, couldn't do without it."

Service users and a relative spoken with confirmed that they would be comfortable speaking to staff or the manager if they wanted advice or had concerns. They indicated that they had open lines of communication with staff and were confident that the staff should respond appropriately. A relative commented: "I would have no problem talking to staff if I had any problems ...I'm happy with the place, no concerns at all."

Eight service users returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided to service users was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Discussions with staff evidenced the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere which aimed to support and encourage service users to remain active and independent.

Observations of practice on the day of inspection evidenced that staff were confident and effective in their communication with service users and that their interactions were proactive and timely. Staff communicated with service users respectfully and their conversations with them were noted to be friendly and cheerful which promoted a relaxed atmosphere. Service users were observed engaging spontaneously and enthusiastically with staff. Staff demonstrated knowledge of service users' specific interests and were observed encouraging participation in activities.

A review of the activities programme in the day centre evidenced that it was varied and included outings to areas of interest such as the Ulster American Folk Park, Aquarium, ten pin bowling and the local market. Observations of service users taking part in activities on the day of inspection found that participation was enthusiastic. The day centre also promotes links with the local community, with visits from local schools and colleges for nativity plays, choirs and storytelling. While in attendance at the day centre, service users have access to the treatment room where they can access additional community support services, such as district nursing, podiatry, dental screening and reflexology as appropriate. A service user's relative commented: "Xxxx loves coming here." and "Xxxx enjoys getting out and doing things."

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

Service users confirmed that their views and opinions are taken into account in all matters affecting them on a day to day basis and during regular service users' meetings and an annual quality satisfaction questionnaire. A sample of questionnaire feedback reviewed on the day of inspection confirmed that service users had expressed satisfaction with the standard of service provision. Comments received in response to the question "What would you like to see within Strabane Day Centre?" included:

- "None – very happy with everything."
- "Xxxx is happy with activities, care provided."
- "Keep everything as it is."

The inspector was unable to review any concluded findings arising from returned questionnaires as they were still being analysed and the annual satisfaction survey report was yet to be completed by the day centre.

Service user meetings were typically held quarterly, with the minutes of four meetings available since the last inspection. A sample of minutes from service users' meetings were reviewed for August 2018 and December 2018. The minutes reflected service users being consulted about activities, encouraged to avail of the suggestion box in the day centre and evidenced follow up on service users' requests regarding menu choices and availability of a large plasmas T.V.

Eight service users returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided to service users was compassionate.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The day centre is managed on a day to day basis by the manager with the support of a team of care assistants and a domestic assistant and catering assistant. There was a clear organisational structure and the registration certificate was up to date and displayed appropriately.

The appointment of a manager who will be registered with RQIA was discussed with the manager on the day of inspection. It was confirmed that the WHSCT will seek to appoint a registered manager in due course; RQIA will continue to monitor this.

The Statement of Purpose for the day care service was reviewed by the provider in October 2017. The inspector noted that the Statement of Purpose did not accurately reflect the current service user groups attending the day centre. The manager advised that there is a small number of service users under 65 years who have attended the day centre for a number of years. On the day of inspection no concerns were noted regarding the needs of all service users presently being met within the day centre. However, the inspector stressed the importance of ensuring that the Statement of purpose accurately outlined all the service user groups attending the day care setting. The inspector requested the manager to update the Statement of Purpose to include: the current service user groups that are in attendance at the day centre, the current management arrangements and details of the patient and client council (PCC) and any other relevant advocacy groups. In addition, the Service User Guide needs to be amended to include the details of the patient client council, the updated contact details of RQIA and NIPSO and the day centre's management arrangements. The amended Statement of Purpose and Service User Guide was forwarded to RQIA post inspection and noted to be satisfactory.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with on the day of inspection described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed. One staff member commented: "The team works well together."

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 6.4, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings which they described in positive terms and found beneficial. A review of a sample of records verified that staff received supervision and an appraisal in keeping with required timeframes. Staff meetings were typically held three monthly. The inspector recommended that the staff meeting minutes should be improved to include actions plans which highlight any required tasks and also identify who is responsible for completing such tasks within agreed timeframes. This will enable actions and outcomes to be more effectively reviewed at future staff meetings.

The inspector discussed the recent development of the Northern Ireland Social Care Council (NISCC) website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centre. The manager advised that they would review this resource and share with the staff team.

The complaints and compliments record was reviewed. One complaint was recorded since the last inspection and this managed appropriately. The manager and staff confidently described the procedure in place for recording and managing informal and formal complaints.

It was confirmed in discussions with the manager and staff that the setting has a comprehensive range of policies and procedures which could be accessed via the WHSCT staff website and within a policy folder held in the day centre. The inspector noted that new policies are shared with staff who are asked to provide their signature after reading such policies to evidence their familiarity with its content. The manager advised that staff have not received any information or training in relation to the introduction of the General Data Protection Regulation (GDPR). The inspector advised the manager to review guidance available on the RQIA website and to liaise with her senior manager regarding the day care centres' GDPR responsibilities. The manager agreed to action this.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly by a senior manager within the organisation who demonstrated a good understanding of the setting; these included a mixture of announced and unannounced visits to the day centre. A sample of reports viewed for October 2018, November 2018 and December 2018 provided evidence that the visits included engagement with service users, staff and professionals and a review on the conduct of the day care setting. The inspector advised that a record of the service users and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable. In addition, outstanding action(s) from previous visits should be included within the most recent monthly report to help drive improvement and ensure that agreed action plans are kept under effective review. The annual report which provided a review of the quality of care for 2017 was provided. This did not contain all elements as required in Schedule 3 of The Day Care Settings Regulations (NI) 2007. An area for improvement is made in this regard. The day centre is in the process of compiling the annual report for 2018, a copy of which will be forwarded to RQIA upon completion.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The manager discussed the system in place to identify when staff are due to renew their registration with The Northern Ireland Social Care Council and confirmed that all staff are registered.

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

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

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

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Eight service users returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, management of complaints and quality improvement.

Areas for improvement

One area for improvement was identified with regards to the day centre's annual quality report.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 17 (1) and Schedule 3 Stated: First time To be completed by: 11 March 2019	<p>The registered person shall establish and maintain a system for— (a) monitoring the matters set out in Schedule 3 not less than annually; and (b) improving the quality of care provided in the day care setting.</p> <p>This relates to the day centre's annual quality report for 2018 including the all the matters listed in Schedule 3. A copy of which is to be forwarded to RQIA.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Acting Registered Manager has completed the Annual Quality Report 2018/19 and includes all the listed matters set out in Schedule 3.</p>

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



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