

# Day Care Setting Inspection Report

## 30 November 2016



## Inniscoole Day Centre

**Type of service: Day Care Service**

**Address: Innis Avenue, Rathcoole, Newtownabbey, BT36 9NA**

**Tel no: 028 90854333**

**Inspector: Priscilla Clayton**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Inniscoole Day Centre took place on 30 November 2016 from 9.30 to 16.30.

The inspection sought to assess progress with any issues raised during and since the last care 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 delivery of safe care was evident on inspection.

There was evidence of safe recruitment systems and ensuring appropriate staffing levels to meet the needs of service users in attendance. Staffing levels were reported to be satisfactory in meeting the needs of service users in attendance. Records pertaining to staff induction, staff training, accidents and incidents were in place. The environment was observed to be clean, tidy, organised and appropriately heated. Positive feedback on the safe care was provided from service users and staff.

No areas were identified for improvement

### **Is care effective?**

The delivery of effective care was evident on inspection. The centre had arrangements in place for review and monitoring of quality care in conjunction with service users/representatives. Service users meetings were being held on a regular basis and annual satisfaction survey conducted. Individualised care records were being maintained with all necessary documentation completed and retained within secure areas.

Positive feedback on the care provided was provided from service users and staff was positive.

Two recommendations were made for improvement. Firstly to the inclusion of additional information on complaints within the service user guide and secondly the restated recommendation to ensure staff always record the date on moving and handling risk assessments.

### **Is care compassionate?**

Feedback from service users, staff, review of care records, observation of staff interactions with service users and analysis satisfaction questioners returned to RQIA provided evidence that the care was compassionate.

No areas were identified for improvement.

### **Is the service well led?**

There was evidence that the day care centre was well led with good governance arrangements in place. Records relating to accident/incident, complaints, monthly monitoring visits, staff supervision and appraisal and staff training were being maintained.

Three areas were identified for improvement with one of which was restated for a second time. Improvements related to the retention of staff quarterly meetings held, inclusion of complainants satisfaction or otherwise within complaints records and development and sharing of the annual quality report

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Fred Fisher, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 05 January 2016.

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Northern HSC Trust/Dr Anthony Baxter Stevens	<b>Registered manager:</b> Mr Fred Fisher
<b>Person in charge of the service at the time of inspection:</b> Irene M'Cann senior care worker until 10.00. Fred Fisher from 10.00.	<b>Date manager registered:</b> 27 September 2010

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Report and QIP from last care inspection dated 05 January 2016
- Accident/incident notifications
- Correspondence.

The inspector met with all service users eight individually and with others in small group format, four staff and the registered manager.

A total of 15 satisfaction questionnaires were provided to the manager for distribution to; service users (5), relatives (5) and staff (5), for completion and return to RQIA. Five were completed and returned to RQIA within the timescale requested.

An inspection of the internal environment was undertaken.

The following records were examined during the inspection:

- RQIA certificate of registration
- Staff duty rota
- Staff Induction programme
- Staff supervision and annual appraisal
- Competency and capability assessments
- Staff training records
- Three service user's care files
- Statement of purpose and service users guide
- Complaint records
- Audits
- Accident/incident/notifiable events record
- Minutes of recent service user' committee meetings
- Monthly monitoring report
- Policies and procedures.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 05 January 2016**

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 05 January 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14(1)(c) <b>Stated:</b> First time	In accordance with Control of Substances Hazardous to Health (COSHH), the registered manager must ensure unnecessary risks to the health and safety of service users are identified and eliminated. The identified cleaning solutions in the cupboard next to the bathroom must be stored securely.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> COSHH substances were being appropriately stored on the day of inspection.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 4.3 and 4.4 <b>Stated:</b> First time	The registered manager should ensure moving and handling assessments are: <ul style="list-style-type: none"> <li>(a) current; reviewed at least yearly or sooner if the service user's needs change.</li> <li>(b) are specifically dated.</li> </ul>	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of three care files provided evidence that risk assessments were reviewed and signed. Two moving and handling risk assessments were not dated.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time	With regards to service user's care plans, the registered manager should ensure: <ul style="list-style-type: none"> <li>(a) The personal care section of the identified service user's care plan is reviewed so that it fully reflects his/her continence support needs (standard 5.2).</li> <li>(b) When care plans are updated or amended; signatures from all relevant parties are obtained (standard 5.6).</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The care plan referred to reflected continence support needs.	

	Three care plans examined were signed by the relevant parties.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time	<p>The registered manager should ensure the minutes of service users' meetings also include:</p> <p>(a) Any actions agreed along with who is responsible for completing these.</p> <p>(b) The subsequent minutes should state if all of the previous actions were completed.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Minutes examined reflected information as stated within this recommendation.</p>	
<b>Recommendation 4</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time	<p>The registered manager must ensure Inniscoole Day Centre's next annual service users' quality assurance evaluation report contains the following information:</p> <p>(a) An overview of the outcomes of the action/s taken from the centre's 2015 survey;</p> <p>(b) An action plan with timescales regarding any improvements needed as a result of the 2016 survey.</p> <p>(c) Records should be retained of how and when the evaluation report or a copy of same is shared with service users and/or their carers and representatives.</p>	<b>Not Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager reported that the above recommendation remains work in progress.</p>	
<b>Recommendation 5</b> <b>Ref:</b> Standard 10 <b>Stated:</b> First time	<p>Where meals are provided to service users in Inniscoole Day Centre, the registered manager should ensure:</p> <p>(a) Based on the areas of dissatisfaction recorded in the centre's complaints record and the views obtained from identified individuals during the inspection; a review is undertaken of all service user's views and opinions regarding the overall menu and the current choices of lunch and dessert.</p>	<b>Met</b>

	<p>(b) As a result of (a), the current menu plan is revised and is rotated over a three week cycle. The menu is revised at least six monthly, taking into account service users' views and the seasonal availability of foods (standard 10.7)</p> <p>(c) Where possible the menu is adhered to and records made of any variations made to it (standard 10.8).</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>a) Review of service user choices and preference was undertaken as recommended. On the day of inspection service users confirmed they were very satisfied with the meals and menu. The manager confirmed that a meeting was held with the catering manager on 29 January 2016 and also with service users.</p> <p>b) Three weekly rotating seasonal menus were agreed and implemented during February 2016.</p> <p>c) Variations to menus were being recorded.</p>	
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 14.6</p> <p><b>Stated:</b> First time</p>	<p>With regards to areas of dissatisfaction and complaints; the registered manager should ensure that when a complainant is dissatisfied or partially dissatisfied with the outcome/s of the investigation; the complaints record contains sufficient detail of what the individual is not happy with and what the manager advised concerning the next steps or options available to him/her.</p> <p><b>Action taken as confirmed during the inspection:</b> Complaints records reviewed did not always reflect the complainant's satisfaction or dissatisfaction with the outcome of investigation.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure the designated registered person undertaking monthly monitoring visits of the centre interviews more than one or two service users during each visit. This is so the numbers of service users interviewed over the course of the year is more proportionate to the total numbers of individuals attending Inniscoole Day Centre.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> Examination of monitoring visit records evidenced that three service users, alongside staff were being interviewed each month.</p>	
<p><b>Recommendation 8</b> <b>Ref:</b> Standard 25.1 <b>Stated:</b> First time</p>	<p>With regards to the maintenance of the environment, the registered manager should ensure:</p> <p>(a) a review is undertaken of all windows with vertical blinds.</p> <p>Where the outcome of the review concludes slats or blinds are to be replaced; consideration should be given to infection control guidelines for these replacements e.g. blinds with wipe able slats</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that all window blinds had been reviewed with replacements provided as required.</p>	

#### 4.3 Is care safe?

Discussion with the manager confirmed that staff was recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that all new staff recruitment records were held within the human resource department of the Northern Health and Social Care Trust (NHSCT). The manager confirmed that all necessary employment checks were completed prior to any new staff member commencing service.

The manager confirmed that all newly appointed staff would undertake a period of induction. Induction programmes contained within staff files reflected training provided and a wide range of information relevant to the care to be provided in the centre. Induction programmes were signed off by the staff member and mentor.

The manager explained that the current staffing levels were satisfactory in meeting the assessed needs of service users; taking into account the size and layout of the premises, fire safety requirements and the statement of purpose for the centre.

Staff on duty each day, including the manager's time spent in the setting, was reflected within the staff duty roster reviewed.

Records of completed competency and capability assessments were in place for staff in charge of the centre when the manager is not present. Assessments viewed reflected duties, role and responsibilities in respect of the day to day management of the setting.

Discussion with staff and a review of records confirmed that mandatory training, staff supervision and annual appraisal was provided. This was also confirmed by staff during discussions and in staff questionnaires returned to RQIA following the inspection. Records of mandatory training provided evidenced the names of staff who attended.

Discussion with the manager and staff alongside examination of records confirmed that no safeguarding issues or allegations had been reported since the previous inspection.

Records of accidents and incidents were being recorded under the new electronic system which included investigation and action taken to address issues.

Discussion with the manager and staff confirmed that they were aware of the new Department of Health (DOH) regional policy entitled "Adult Safeguarding Prevention and Protection in Partnership" (2015) and that the identification of the safeguarding "champion" for the day care centre was to be decided by senior management. Staff who spoke with the inspector demonstrated good knowledge and understanding of adult safeguarding principles and aware of their obligations in relation to reporting any concerns about poor practice and whistleblowing. Staff update training in safeguarding of vulnerable adults was provided as required.

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

The manager and staff confirmed that restraint was not used in the centre. There was no visible evidence of restrictive practice in use.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC, which was in line with their roles and responsibilities. Inspection of the centre confirmed adequate supplies of liquid soap; alcohol hand gels; disposable aprons and gloves wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Efforts to promoting good standards of hand hygiene among service users, staff and visitors were evident. Notices displaying the seven steps of good hand hygiene were displayed in both written and pictorial formats.

Inspection of the internal environment of the centre was observed to be clean, tidy, organised, fresh smelling and adequately heated. COSHH cleaning solutions were being securely stored.

The fire risk assessment review was inspected. This was dated 03 May 2016. No issues were identified for improvement.

Service users who met with the inspector stated that the care provided was very good. No issues or concerns were raised or indicated.

Comments made included;

- "This is the best centre in Ireland, friendly staff and plenty of things to do".
- "The food is brilliant, could ask for better. We have choice of what we would like which is good".
- "I can see my care plan at any time".

- “Staff always ask for my views about things and give us plenty of information”.
- “I can go directly to the manager if I want to discuss anything”.
- “I enjoy the service user meetings held, we can raise issues and get things fixed if needed”.
- “The number of staff on each day I’m here is good”.
- “I have absolutely no complaints, we have a great centre here, can’t think of anything which would make it better”.

Staff who met with the inspector confirmed that they felt the care provided was safe with appropriate staffing levels provided to meet the needs of service users in attendance.

Completed questionnaires returned from service users, staff and one relative reflected positive responses ranging from “very satisfied” to “satisfied” within the “Is care safe” domain. No issues or concerns were recorded.

### Areas for improvement

No areas were identified for improvement within the “is care safe” domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.4 Is care effective?

The centre’s statement of purpose available within the centre included details as required for the delivery of the service within the centre. The service user guide was noted to reflect limited information on complaints. One recommendation was made in this regard.

A review of three care records confirmed that these contained life histories, needs assessments which were complemented with risk assessments, person centred care plans, progress notes and reviews. One recommendation restated for a second time from the previous care inspection related to ensuring moving and handling risk assessments were dated as two of the three risk assessments reviewed were signed but not dated. Staff confirmed that each service user had an individual care record file containing all the required documents. Care records examined also reflected evidence of multi-professional input into the service users’ health and social care needs, and were found to be updated regularly to reflect the changing needs of the service user. Records of review reports examined showed that service users/representatives participated in review meetings. Progress notes in place were being recorded every five attendances or more frequently when necessary.

There was recorded evidence within care records that service users and/or their representatives were encouraged and enabled to be involved in the needs assessments, care planning and review process. Discussion with staff confirmed that a person centred approach underpinned practice, for example care records showed that service users were consulted with choice, views and preference reflected within their person centred care plans.

Care records were stored safely and securely in line with data protection and NHSCT policy/procedures.

There was evidence of good modes of communication and information sharing between service users, staff and other stakeholders. These included for example, quarterly service user

meetings, quarterly staff meetings, care reviews, user friendly information displayed including “your views matter” leaflets and information on various health and social care topics.

The manager explained that monthly monitoring visits made on behalf of the registered provider were undertaken and recorded. Monitoring reports examined were noted to be in compliance with Regulation 28 of the Day Care Setting Regulations (2007). Hard copies of reports were readily available to the manager, RQIA, service users or representatives and NHSCT personnel.

The inspector met with several service users individually and with others in small group format. Service users confirmed they were very happy coming to the centre, liked the meals, activities and outings provided and commended the staff in this regard. Service users were also aware of who to contact if they had any concerns about the service. No issues or concerns were raised or indicated.

One senior day care worker who met with the inspector described how a new reminiscence programme had enhanced the well-being of service users with dementia following her arranged visit to Poland to gain knowledge of the polish approach to caring for people with dementia. Enlightened by the knowledge gained she undertook a review of service users’ life histories which including, past interests and hobbies and developed a new therapeutic programme. Based on her findings organised community visits included mini bus outings for small groups of service users to various localities within Belfast; visiting streets and houses were service users used to live, schools attended, workplaces and other areas identified from life histories. Service users were able to identify familiar places, participated in discussions and were able to tell their story about many of the places visited. This innovative therapeutic approach to the provision of reminiscence therapy is to be commended.

Completed satisfaction questionnaires returned from service users, staff and one relative recorded positive responses ranging from “very satisfied” to “satisfied” within the “Is care effective “. No issues or concerns were recorded.

### Areas for improvement

Two recommendations were made for improvement. Firstly to the inclusion of additional information on complaints within the service user guide and secondly a restated recommendation from the previous inspection to ensure staff always record the date on moving and handling risk assessment forms.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.5 Is care compassionate?

The manager and staff confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings.

There were a range of policies and procedures in place which supported the delivery of compassionate care.

Discussions with service users, who were able to respond, confirmed that consent was sought in relation to their care and treatment. Observation of staff practice and interactions with service users demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity. Staff were able to demonstrate how service users' confidentiality was protected. For example, any discussions held with service users regarding personal matters would take place in private; care records are confidential and only shared with consent and to those who need to know.

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

Five satisfaction questionnaires were completed and returned to RQIA following the inspection. Analysis of responses within the "Is care compassionate" domain were all positive ranging from satisfied to very satisfied. No issues or concerns were recorded.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

Fred Fisher, the registered manager of centre was on duty during the inspection. Examination of the staff duty roster evidenced staff on duty and time worked in the centre each day. The manager is supported in his role by nine day care workers and eight care assistants. There were also three catering assistants and one domestic assistant employed. Sixty eight service users were in attendance on the day of inspection. All were observed to be participating within various groups of arranged therapeutic activity.

Discussion with the manager identified that he had a very good understanding of his role and responsibilities under the Day Care Setting Regulations (Northern Ireland) 2007 and had systems and processes in place that support and promote the delivery of a quality care service.

The centre's certificate of registration with RQIA was displayed in a prominent position.

There was a clear staff organisational structure and staff who met with the inspector demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the centre's statement of purpose and service user guide.

The manager and staff confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the settings statement of purpose.

The manager explained that staff on duty meet each morning to share information on the number of expected service user attending and the plans for the day in preparation for their arrival. A record of daily meetings was recorded within the daily diary. The manager confirmed

that three monthly staff minutes were also held. Minutes of staff meeting were not available. One recommendation was made in regard to the recording and retention of staff meetings.

Individual staff supervision and annual appraisal were provided with notes recorded and retained.

A wide range of policies and procedures were available to staff. These were being held in hard copy format and electronically. Staff confirmed they had direct access and could obtain a copy of any policy if they wished.

Examination of complaints records showed that complaints received had been responded to and investigated. One recommendation restated for a second time from the previous inspection related to ensuring complainant's satisfaction / dissatisfaction with the outcome of investigation was recorded.

Service users who spoke with the inspector confirmed they were aware of how to make a complaint and that the manager operated an "open door" approach to everyone.

Accidents and incidents were being recorded as required using the new NHSCT electronic Datix system. Measures to minimise the risk of accidents/incidents reoccurring, such as falls, were risk assessed and reflected within care plans.

The manager explained that internal audit was undertaken to provide a systematic and documented process to determine the quality of the service provided which was in accordance with the statement of purpose, legislation and associated day care standards. The manager explained that the development of the annual quality assurance report for 2016 was work in progress. Reference regarding the content of the report is reflected within the restated recommendation made following the previous care inspection conducted on 05 January 2016.

Audits and monitoring undertaken included those set within the monthly monitoring visits made on behalf of the registered provider. In addition service user/stakeholder satisfaction surveys, fire safety; finance arrangements, general environment/infection prevention and control audits with recommendations made as necessary.

Completed satisfaction questionnaires returned to RQIA from service users, staff and one relative reflected positive responses ranging from "very satisfied" to "satisfied" within the "Is the service well laid" domain. No issues or concerns were recorded.

### Areas for improvement

Three recommendations were identified for improvement; Improvements related to the recording and retention of minutes of staff meetings, inclusion of complainant's satisfaction or otherwise within complaints records and development of the annual quality report.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	3
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fred Fisher, registered 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 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.

### **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 Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### **5.3 Actions to be taken by the registered provider**

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment 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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 4.3 <b>Stated:</b> Second time <b>To be completed by:</b> 31 January 2017	The registered provider should ensure that when moving and handling risk assessments are undertaken/reviewed that the review date is recorded.
	<b>Response by registered provider detailing the actions taken:</b> Files have been audited to ensure all manual handling assessments are completed/reviewed when required, signed and dated
<b>Recommendation 2</b> <b>Ref:</b> Standard 17.8 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2017	The registered provider must ensure that the service user guide is further developed to include information on complaints.
	<b>Response by registered provider detailing the actions taken:</b> The service user guide has been updated to include the Trusts "About Our services. We want to hear from you. New posters displayed around the Day Centre.
<b>Recommendation 3</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> Second time <b>To be completed by:</b> 30 February 2017	The registered manager must ensure Inniscoole Day Centre's next annual service users' quality assurance evaluation report contains the following information:
	(d) An overview of the outcomes of the action/s taken from the centre's 2015 survey;
	(e) An action plan with timescales regarding any improvements needed as a result of the 2016 survey.
	(f) Records should be retained of how and when the evaluation report or a copy of same is shared with service users and/or their carers and representatives.
	<b>Response by registered provider detailing the actions taken:</b> An action plan has been completed the reports for 2015 and 2016 and this has been discussed with the members council, service users and carers. The action plan will also be discussed again with staff on the 26/1/17 . Records of these meetings have and will be retained.

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 14.6</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 February 2017</p>	<p>With regards to areas of dissatisfaction and complaints; the registered manager should ensure that when a complainant is dissatisfied or partially dissatisfied with the outcome/s of the investigation; the complaints record contains sufficient detail of what the individual is not happy with and what the manager advised concerning the next steps or options available to him/her.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 23.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Complaints record book has been amended to reflect the outcomes of any investigation, and future complaints will include detail regarding next steps and further options available to the complainant.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>These are now kept in a separate folder</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\**



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