

Unannounced Care Inspection Report 30 January 2017



Age NI Day Centre at Skainos Building

Type of service: Day Care Service
Address: 239 Newtownards Road, Belfast, BT4 1AF
Tel no: 02890459793
Inspector: Louise McCabe

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Age NI Day Centre at Skainos Building took place on 30 January 2017 from 10.00 to 15.45 hours.

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?

On the day of the inspection the day care setting was found to be delivering safe care. Observations of care practices provided evidence there was a culture of ensuring service users were safe and protected from harm. The registered manager provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were being well maintained. There were no areas for quality improvement relating to safe care identified during this inspection.

Is care effective?

On the day of the inspection it was assessed that the care in Age NI Skainos was effective, however two areas for quality improvement were identified. Observations of staff interactions with service users and discussions with a total of twelve service users provided evidence the care was effective. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. There was evidence of improvements in these areas since the day care setting's previous care inspection. There was one area for quality improvement relating to effective care made as a result of this care inspection. This regards service user's care notes.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with twelve service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There was one area identified for improvement in this domain as the result of this inspection. This regards the service users' annual survey.

Is the service well led?

On the day of this inspection the review of a random sample of documentation provided evidence that improvements had been made in the previous year. The areas of improvements regarded effective leadership, management and governance arrangements and audits of care information in service user's care files. The culture in Age NI Skainos was focused on the needs of service users. There were two areas for quality improvement identified in this domain during this inspection. These matters concern the centre's annual report and complaints record.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Wendy McKillion, 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 premises inspection on 26 January 2016

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent premises inspection on 26 January 2016. The QIP from this inspection was completed and returned to RQIA and approved by the estates inspector.

2.0 Service details

Registered organisation/registered person: Age NI/Linda Robinson	Registered manager: Mrs Wendy McKillion
Person in charge of the service at the time of inspection: Wendy McKillion	Date manager registered: 08 September 2010

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- Previous care inspection report
- Records of notifiable events received by RQIA from 11 August 2015 to 30 January 2017 (three were randomly sampled).

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

- Discussion with the registered manager
- Discussion with twelve service users

- Discussion with two care staff
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with 13 questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; three staff members and five representatives for their completion.

The questionnaires asked for service user, staff and representative's views regarding the service, and requested their return to RQIA. Eleven questionnaires were returned; five service user; three staff and three relatives questionnaires were completed. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (one was randomly sampled)
- Compliments record (three were randomly sampled)
- Accident/untoward incident record (three were randomly sampled)
- Elements of three service users care files
- Review of four identified policies and procedures (stated in main body of report)
- Minutes of three staff meetings
- Minutes of three service users' meetings
- Staff training information
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent estates Inspection on 26 January 2016

The most recent inspection of the day care setting was an announced premises inspection. The completed QIP was returned and approved by the estates inspector after a follow up visit took place on 09 May 2016.

4.2 Review of requirements and recommendations from the last care inspection dated 11 August 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 26(4)(b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure fire doors are never wedged or propped open. If fire doors are required to stand open for operational reasons they should be fitted with appropriate stand open devices which are linked to the fire detection and alarm system and release upon activation of the alarm. The advice of a competent fire safety advisor should be sought.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed no fire doors were wedged open during this inspection.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 18(1)</p> <p>Stated: First time</p>	<p>With regards to the daily number of service users attending Age NI Day Centre, the registered persons must ensure the numbers of service users attending the centre does not exceed the agreed daily maximum numbers as per RQIA's registration information and the service's Statement of Purpose.</p> <p>Action taken as confirmed during the inspection: Since Age NI Skainos' previous care inspection, RQIA received a variation application to increase the number of service users from 25 to 30 per day. This was approved by RQIA on 24 September 2015 and processed. A random review of the total numbers of service users attending Age NI Skainos per day concluded the registered manager had not exceeded the centre's registration.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p>	<p>The registered persons must ensure all staff employed in Age NI Day Centre receive mandatory and other training appropriate to the work they perform which includes:</p> <ul style="list-style-type: none"> • Moving and handling • First aid • Infection prevention and control • Food hygiene • Behaviours that may challenge • Dementia. 	Met

	The designated person undertaking the monthly visits of Age NI Day Centre must continually monitor that mandatory training does not lapse for staff. The completed QIP must specify the intended dates for the above training.	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed Age NI Skainos' staff training record which showed staff have received all of the specified mandatory training. Discussions with the registered manager concluded the provision of training is audited by herself and her line manager on a systematic basis.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered manager must ensure RQIA is informed of all notifiable accidents and untoward incidents as per regulation 29. The identified incident must be retrospectively forwarded to RQIA.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>RQIA received the identified notification of untoward incident form. The registered manager has informed RQIA of all notifiable accidents and incidents since the previous care inspection.</p>	
Last type e.g. care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 17.8</p> <p>Stated: Second time</p>	<p>The registered manager should ensure the centre's service user guide is revised to address all of the matters set out standard 1.2 and that is in a format that is readily accessible by service users. A copy of this document is to be forwarded to RQIA with the completed QIP .</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Age NI Skainos' Service Users' Guide was reviewed by RQIA on 18 December 2015 and was compliant with Minimum Standard 1.2.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>With regards to service user involvement, the registered manager should ensure:</p> <p>(a) regular service user meetings are held so that all service users have an opportunity to be involved and consulted about the running of the centre (standard 8.2)</p> <p>(b) minutes are retained of these meetings which</p>	Partially Met

	<p>include an agenda; who attended; a summary of discussions, the action to be taken and subsequent minutes of meetings reflect the outcomes of the action taken from the previous meeting (standard 8.3)</p> <p>(c) An evaluation report is completed as a result of the service user's recent annual quality assurance surveys. The report should reflect the action taken as a result of the annual survey undertaken in 2014 as well as the action to be taken from the March 2015 surveys (standard 8.5).</p>	
	<p>Action taken as confirmed during the inspection: Monthly service users meetings take place in Age NI Skainos, these occur on different days so that everyone has an opportunity to attend. Review of the minutes of three service users' meetings verified this and compliance with part (b) minimum standard 8.3. With regards to (c), an evaluation report had been completed as a result of service users' annual survey. However this did not reflect the action taken on the areas for improvement. This part of the recommendation will be stated for a second time in the QIP of this report.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p>	<p>The registered manager should ensure all service user's assessments are reviewed on an annual basis or sooner if changes are needed so that they accurately reflect at all times the needs of the individual.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector's review of the assessments of three service user's during this inspection showed these were current. They accurately reflected the needs of the individual.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p>	<p>The registered manager should ensure service user's annual review reports reflect all of the relevant information in standard 15.5.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of three service user's annual review reports concluded these were compliant with minimum standard 15.5. The reports were qualitative.</p>	

<p>Recommendation 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered persons should ensure the following Age NI policies and procedures are reviewed:</p> <ul style="list-style-type: none"> (a) Contenance Promotion (b) Involvement of Service Users (c) Service User Views <p>Action taken as confirmed during the inspection: The above identified policies and procedures were reviewed by Age NI in April 2016.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p>	<p>The registered manager should ensure the complaints record states if the complainant is or is not satisfied with the outcome/s of investigations into their area/s of dissatisfaction.</p> <p>Action taken as confirmed during the inspection: Age NI Skainos' complaints record was reviewed during this inspection and it contained one complaint since 11 August 2015. The matter was investigated and resolved but the records did not state if the complainant was or was not satisfied with the outcome of their complaint.</p>	<p>Partially Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p>	<p>With regards to infection prevention and control, the registered manager should ensure:</p> <ul style="list-style-type: none"> (a) all bins have liners insitu (b) mops are not stored in bathrooms (c) there is appropriate drainage for clean mops (d) to preserve service user's dignity and for ease of access continence products and changes of clothes (where possible) are stored in bathrooms or toilets. <p>Action taken as confirmed during the inspection: A tour of the environment concluded the day care setting was compliant in all four of the above matters.</p>	<p>Met</p>

4.3 Is care safe?

Policies and procedures were in place in the Age NI Skainos day service which promoted the safety of service users. They were indexed, dated and ratified by the registered person. Two care staff confirmed that these were accessible in the day care setting. The following four policies and procedures were randomly reviewed during this inspection:

- Continence Promotion
- Involvement of Service Users in the Running of the Day Centre
- Safeguarding Vulnerable Adults
- Service User Involvement in Activities and Events.

The above policies and procedures were compliant with identified regulations and minimum standards.

On the day of the inspection no restrictive care practices were observed.

The registered manager described what the planned daily staffing levels were for Age NI Skainos. There is a registered manager, two care staff and a cook in the Age NI day service. These levels are subject to regular review to ensure the assessed needs of the service users were met. If the manager is absent from the day service, one of the care staff assumes responsibility for the day centre. The registered manager is aware that a competency and capability assessment should be completed with any staff member who is responsible for the centre if the manager is absent. These were not examined during this inspection and may be examined during a future care inspection of Age NI Skainos.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities.

A review of accidents and untoward incident records which had occurred since the centre's previous care inspection showed these had been responded to and managed appropriately. The registered manager stated there were no current or ongoing safeguarding concerns and is aware of her reporting responsibilities.

The staff member spoken with clearly described knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with staff confirmed that they had attended safeguarding vulnerable adults training in the previous two years.

Inspection of the internal and external environment identified that the day care setting was appropriately heated, tidy, clean, suitable for and accessible to service users, staff and visitors. There were no obvious hazards to the health and safety of service users, visitors or staff. Positive comments were shared with the registered manager about the arts and crafts displayed throughout the centre and the many photographs and service user's work on the wall.

With regards to the recruitment of staff in Age NI Skainos, there have been no new staff recruited since the day care setting's previous care inspection. However, volunteers have been recruited and these records were reviewed by the inspector during this inspection. They were compliant with Minimum Standard 20 and the relevant parts of Regulations 8, 10 and 21.

Observations and discussions with twelve service users concluded they felt safe in Age NI Skainos day service. One service user informed the care inspector "I feel safe here." Another three service users seated around the table, nodded their heads in agreement to this comment.

Review of eleven completed RQIA questionnaires verified that everyone was either 'very satisfied' or 'satisfied' that the care provision in Age NI Skainos day service was safe.

Areas for improvement

There were no areas for improvement identified during the inspection regarding this domain.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with care staff and the registered manager established the day care setting had responded appropriately to and met the assessed needs of the service users.

Three service user's care files were reviewed during this inspection. There were photographs of each service user in their respective care file. Copies of written agreements were in place in the respective service user's care files. All three service user's care files contained current general and risk assessments which were compliant with Minimum Standard 4. There was evidence that risk and other assessments informed the care planning process and were integrated into the service user's respective care plans.

All three service user's care plans were compliant with Minimum Standard 5.

Review of three service user's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. The respective service user's annual review reports were compliant with Minimum Standard 15.5.

The care notes of three service users were reviewed during this inspection. Identified entries contained subjective language and phrases such as: 'in good form;' 'not great form'; '(name of service user) is ok' and '(name of service user) is fine'. Minimum standard 7.7 states care notes should be factual and objective. Care staff should avoid using subjective phrases unless backed up with a description of what this means. Appropriate training in this area should be provided to care staff. The registered manager and designated person undertaking the monthly monitoring visits of Age NI Skainos should carry out regular, systematic audits of service user's care notes to ensure they meet Minimum Standards. Service user's care notes should be periodically signed by the registered manager when these audits occur. This is an identified area for improvement.

Discussions with twelve service users confirmed they were encouraged and enabled to be involved in the assessment, care planning and review process.

It was observed during this inspection that records were stored safely and securely in line with data protection.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, regular service users and staff meetings. Discussions

with care staff confirmed management operated an open door policy in regard to communication within the day care setting.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

Eleven RQIA questionnaires were returned and provided evidence that ten individuals were either 'very satisfied' or 'satisfied' that the care provision in the day care setting was effective. One relative stated they were 'very unsatisfied' in the 'is care effective' domain and stated the service user "only plays bingo". The relative did not record their name on the questionnaire which will make it difficult for the registered manager to follow up on this. This information was shared with the registered manager who agreed to make attempts to resolve this. The registered manager said service users' have a choice of what activities they want to participate in and provided examples of these.

Areas for improvement

One area for quality improvement were identified during the inspection regarding this domain and concerns service user's care notes.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Discussions with twelve service users described they are treated with compassion, kindness and respect by staff and the registered manager. They stated they are listened to, supported, valued and communicated with in an appropriate manner. Discreet observations of care practices showed service users' are responded to in a prompt, courteous and supportive manner by care staff. Service users also said they are involved in decision making during their time in the centre.

Discussion with staff concluded they have a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Relationships between staff and service users were observed to be relaxed and friendly.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them via informal one to one meetings; service users' meetings, annual service user satisfaction surveys; pre-review and annual review meetings.

The most recent service users' annual quality assurance survey was distributed by Age NI's Head Office in 2016. An evaluation report containing the outcomes of the survey was reviewed during this inspection. Refer to section 4.2, recommendation 2 for further details on the identified area for improvement.

RQIA had individual discussions with a total of twelve service users. The inspector assessed through observation and general discussions that the service users are happy with the quality of care provision in Age NI Skainos service. Examples of some of the comments made by service users are:

- “This place is brilliant, I love it. It’s helped me a lot. I wouldn’t be where I am now without the support of Wendy and the care staff.”
- “Wendy and the staff are fabulous. I come for the camaraderie and meeting up with friends. I enjoy the social aspect of this centre.”
- “I love coming here, this place means a lot to me. I’d be lost without it.”
- “We’re spoiled here and want for nothing. They can’t do enough for us. They look after us very well.”
- “The staff are good to us, it gets me out of the house.”
- “Wendy is top of the pops, we are all happy here. The company is good and it gets me out of the house.”
- “The friendship is fantastic, we all look out for each other.”
- “It can be lonely if you live alone. Coming here gets me out and meeting friends.”

All twelve completed RQIA questionnaires stated everyone was either ‘very satisfied’ or ‘satisfied’ that the care in Age NI Skainos day service was compassionate. The following qualitative comment was recorded by a service user: “the care is very compassionate and I am very happy and content. Thank you.”

Areas for improvement

There was one area identified for improvement in this domain during this inspection and concerns the service users’ annual quality assurance survey.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Discussions with care staff concluded they have understanding of their role and responsibilities under the legislation and Minimum Standards. Staff had a clear understanding of the organisational structure. The staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

RQIA’s registration certificate of the day care setting was displayed on a wall in the reception area of the centre.

Discussions with care staff confirmed that staff meetings are held every few months in Age NI Skainos and a random sample of the minutes of four staff meetings (17 May, 19 August and 22 November 2016) verified this. The minutes of these meetings were compliant with Minimum Standard 23.8. Staff stated that there was effective teamwork. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. Staff consulted with clearly demonstrated their ability to communicate effectively with other healthcare professionals.

The records of one complaint were reviewed during this inspection in Age NI Skainos complaints record. Appropriate action was taken by the registered manager to resolve this,

however the complaints record did not specify if the complainant was or was not satisfied with the outcome of this. Review of the designated person’s monthly monitoring report of 21 November 2016 showed that an individual had raised a concern with them regarding consent. This was appropriately responded to but had not been recorded in Age NI Skainos’ complaints record and should have been with regards to Minimum Standard 14.10. This is an identified area for improvement.

A random review of three compliments concluded positive comments about the quality of care provision in Age NI Skainos day service.

Monthly monitoring visits were undertaken as required under Regulation 28. Three monthly monitoring reports were randomly reviewed during this inspection (24 October, 21 November 2016 and 11 January 2017). These reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. These were qualitative as they reported on the conduct of the day care setting, they were comprehensive and compliant with Regulation 28 and Minimum Standard 17.10.

Age NI Skainos’ annual quality report was requested during this inspection. This was not made available and is an identified area for improvement. The registered manager was advised that the day care setting’s annual report should contain information on all of the relevant matters stated in Regulation 17(1), Schedule 3.

Discussion with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

With regards to ‘Is the Service Well Led’ domain in the eleven returned RQIA questionnaires; everyone stated either ‘very satisfied’ or ‘satisfied’ on the completed forms. One service user stated “I don’t think we have had group meetings”. This information was shared with the registered manager who agreed to respond to this.

Based on the findings of this care inspection there was evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in Age NI Skainos day service.

Areas for improvement

There were two identified areas for improvement during the inspection in this domain. These matters concern:

1. The day care setting’s annual report.
2. Complaints record.

Number of requirements	1	Number of recommendations:	1
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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 Wendy McKillion, 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 Setting 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 day.care@rqia.org.uk 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.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 17(1)

Stated: First time

To be completed by:
01 April 2017

The registered provider must ensure an annual quality report is completed regarding Age NI Skainos. The report must contain all of the relevant matters specified in Schedule 3. A copy of this report must be forwarded to RQIA.

Response by registered provider detailing the actions taken:

A copy of the annual report will be sent to RQIA as soon as i receive a copy from Head Office. All surveys from all service users are completed and at present are at Lower Crescent

Recommendations

Recommendation 1

Ref: Standard 7

Stated: First time

To be completed by:
31 January 2017 and ongoing

The registered provider should ensure:

- (a) service user's care notes contain all relevant information pertaining to the individual. They should be factual, objective and avoid using phrases such as 'in good form' etc unless backed up with a description of what this means.
- (b) Appropriate training in this area should be provided to care staff.
- (c) The registered manager and person undertaking the monthly monitoring visits of Age NI Skainos should carry out regular, systematic audits of service user's care notes and sign when the audit is completed.

Response by registered provider detailing the actions taken:

A spreadsheet has been placed within the daily evaluation file that will contain evidence that they have been checked by the registered manager and also monitored by Age N.I Head of Care Services. Appropriate training at present is being sought by our Head Of Care Services.

Recommendation 2

Ref: Standard 8

Stated: Second time for (a); first time for (b)

To be completed by:
03 March 2017

The registered provider should ensure:

- (a) Age NI Skainos evaluation report completed as the result of the service users' annual survey contains an action plan on any areas for improvement raised in the responses to questions.
- (b) Ensure the day care setting's most recent evaluation report states the outcomes of the action taken to address the issues raised by service users' regarding the complaints process; length of day in the day care setting and the activity programme.

Response by registered provider detailing the actions taken:

The annual survey will be sent to RQIA and it will contain outcomes and appropriate information required

<p>Recommendation 3</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2017</p>	<p>The registered provider should ensure:</p> <ul style="list-style-type: none"> (a) the complaints record contains all areas of dissatisfaction, concern and complaints raised by service users and others about Age NI Skainos. (b) Retrospectively record the areas of dissatisfaction raised by a complainant on 21 November 2016. The complaints record should summarise the investigations that occurred, all communications with complainants, the outcome/s of the investigation and if the complainant was or was not satisfied with the outcome/s of these. (c) Records should be kept of the consent obtained from service user for the designated person undertaking monthly monitoring visits to contact their relative or representative to seek their views and opinions of the day care setting. <p>Response by registered provider detailing the actions taken: All complaints records will have an outcome section to ensure the complainant was satisfied or dissatisfied with the investigation. A consent form for monthly monitoring visits for contacting relatives to seek views will be in place for the month of March 2017. A signature will be required by the service user to give consent and this consent form will be stored within all service users personal files.</p>
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Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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