

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Killadeas Day Centre</b>
<b>Establishment ID No:</b>	<b>11228</b>
<b>Date of Inspection:</b>	<b>30 March 2015</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>IN020663</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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<b>Name of centre:</b>	Killadeas Day Care Centre (11228)
<b>Address:</b>	Tir Navar Unit Creamery Street Derrygonnelly Co Fermanagh BT92 6HW
<b>Telephone number:</b>	028 6864 1750
<b>E mail address:</b>	margaret.dolan@westerntrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Western Health and Social Care Trust Ms Elaine Way
<b>Registered manager:</b>	Ms Patricia Griffith
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Patricia Griffith
<b>Categories of care:</b>	DCS-LD, DCS-LD(E)
<b>Number of registered places:</b>	20
<b>Number of service users accommodated on day of inspection:</b>	9
<b>Date and type of previous inspection:</b>	08 July 2013 Primary Announced
<b>Date and time of inspection:</b>	30 March 2015: 11:00am – 4:00pm
<b>Name of inspector:</b>	Dermott Knox

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	5
Staff	3
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	4	3

## Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Killadeas Day Care Centre, Tir Navar Unit is situated within the village of Derrygonnelly. There are adequate car parking spaces near the entrance to the facility.

Tir Navar Unit provides a range of day care services and can accommodate a maximum of 20 service users each day.

The centre is open from 8.45 hours until 16.15 hours each week day and closes on public holidays, Easter, two weeks in July and for Christmas/New year. Other closures take place for staff training and development and all service users and their carers are given good notice of the closure dates.

## **Summary of Inspection**

A primary announced inspection was undertaken in Killadeas Day Centre, Tir Navar Unit, on Monday 30 March 2015 from 11:00 am until 4:00pm. In advance of the inspection visit, the registered provider had submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. Three requirements were made following the previous inspection and evidence of compliance with these was presented and verified.

The inspector was introduced to many of the service users attending the centre and met for discussions with five people, informally, in the course of the day. Individual discussions were held with the manager, the senior day care worker who has day to day responsibility for the centre's operations, and two staff, each of whom has worked in the centre for a number of years. Discussions focussed mainly on the standards, team working, management support, supervision and the overall quality of the service provided. The manager provided a helpful written summary of the sources of evidence for the self-assessment.

### **Standard 7 - Individual service user records and reporting arrangements:**

Service users' files were found to be very well organised and to contain all of the information required by this standard. A record of each service user's involvement and progress was kept in good detail and the frequency of record keeping exceeded the requirement of the minimum standards. Records were regularly audited by the manager and were sampled by the monitoring officer during bi-monthly visits. Staff are commended for maintaining high quality records for the service users who attend the centre.

The Trust's written policies and procedures for recording and for reporting events were available to staff in the centre. Reporting of notifiable events was in compliance with requirements and with the Trust's procedures and training on these was included in the staff training programme. Staff members confirmed their confidence in following procedures accurately and also reported that they had ready access to the registered manager should they need to seek guidance.

Killadeas Day Centre, Tir Navar Unit was judged to be operating in compliance with this standard.

## **Theme 1: The use of restrictive practice within the context of protecting service user's human rights**

There was no evidence to indicate the use of restrictive practice in Killadeas Day Centre, Tir Navar Unit. Staff were knowledgeable of the Trust's policy and procedures regarding such practices and confirmed that there were no members at the centre who presented behaviours that might require the use of a restrictive practice. When devising or reviewing a member's individual care plan, the manager and staff discuss proposed action plans with the member and his or her representative/s to ensure that interventions are necessary and proportionate and do not infringe the person's human rights.

Staff discussed the use of restrictive practices and the systems in place to promote and protect members' human rights. They demonstrated an understanding of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. All five of the service users who spoke to the inspector, expressed their satisfaction with the care and support they experienced in Killadeas Day Centre, Tir Navar Unit. Observations of staff's interactions with members confirmed that supportive, professional relationships were maintained with respect for the individual member's rights and dignity.

Killadeas Day Centre, Tir Navar Unit was judged to be compliant with the criteria in this theme.

## **Theme 2 – Management and Control of Operations**

The registered manager has management responsibility for several facilities, leaving much of the day to day leadership in the centre to the Band 5 Day Care Worker. There was evidence to show that this staff member was well qualified and experienced and competent in her designated role.

Monitoring arrangements put in place by the Trust were satisfactory in terms of their regularity, as agreed with RQIA, and the feedback from service users, relatives/carers and staff members who were asked for their views. Two monitoring reports were examined and were found to address the required range of issues in excellent detail. Each monitoring report identified improvement actions that needed to be taken. Progress on these matters was checked and reported in the subsequent monitoring report, contributing to high levels of quality assurance.

Staffing of the centre was satisfactory, allowing a range of group and individual activities to be scheduled so that members' participation was, in most cases, timetabled. Formal supervision of staff and annual appraisals were completed in accordance with the Trust's procedures and in compliance with the minimum standards. Staff reported a high level of satisfaction and confidence in these arrangements. Staff training records confirmed that mandatory training requirements were met and that staff were afforded a number of additional development opportunities.

Killadeas Day Centre, Tir Navar Unit was judged to be operating in compliance with the criteria in this theme.

## **Conclusion**

Discussions with all contributors elicited a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to comply with, or to exceed, the minimum standards for day care settings. There was evidence from discussions

and in written records to indicate an excellent level of consultation with members and their representatives regarding their care plans and the activities in which they participate.

Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process.

Overall there was good evidence to confirm that the centre provides a high quality service to those who attend and the management and staff are commended for maintaining high standards.

There are no requirements or recommendations arising from this inspection.



**Follow-Up on Previous Issues**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	28	<p>The registered provider must ensure that quality monitoring visits of the centre are undertaken in accordance with the agreement reached by them with RQIA on 04 April 2011.</p> <p>The monitoring report/s shall be attached to the returned QIP for the attention of the inspector.</p>	The regularity of monitoring visits was found to be in keeping with the current agreement between the Trust and RQIA.	Compliant
2	28 (4) (b)	Each monitoring report of the centre shall include details and findings about the condition of the premises.	Monitoring reports had been developed to include all of the required information.	Compliant
3	28 (5)	Each report compiled of monitoring visits completed shall be made available to service users or their representative.	Action had been taken to ensure that service users and their representatives knew how to access monitoring reports.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No recommendations were made as a result of this inspection.		

**Standard 7 - Individual service user records and reporting arrangements:****Records are kept on each service user's situation, actions taken by staff and reports made to others.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	
All service user information is stored securely and shared on a need to know basis only and in line with WHSCT Data Protection & Confidentiality Policy (Nov 2013). Service user agreement is sought, where possible, before sharing any information.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
There was both written and oral evidence to verify compliance with this criterion. Service users' records were kept securely in the centre and staff demonstrated a good understanding of the duty of confidentiality. The Data Protection and Confidentiality Policy was available to staff.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.	
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
<b>Provider's Self-Assessment:</b>	
Service users are encouraged to review their personal files and to seek clarification on any information contained, if they desire. Findings of assessments carried out, are shared with service users and those who support them at annual review or as andwhen circumstances change . Any such request will be responded to, in writing, and accommodated, where possible in line with WHSCT policies and procedures in relation to Data Protection and Confidentiality Policy Nov 13 & Records Management Policy Nov 13.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>There were examples of service user's involvement in all three of the files examined, with signatures on risk assessments, person centred plans and review records. The minutes of several members' council meetings indicated that service users had been informed repeatedly of their rights regarding access to records. An innovative example of service user involvement in the running of the centre was of one service user having been recruited to take part in the audit of cleaning and hygiene. This is commendable.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
Provider's Self-Assessment:	
<p>All of the above records are maintained for each service user and stored in the service user's personal files and/or files specific to the identified documents.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Service users' records were comprehensive and well organised and included all of the required documents and information.</p>	Compliant

<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Staff record information in each service user's 'contact sheet' as a minimum of one entry per every 5 days of attendance.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Progress records for service users were kept with a frequency and regularity that exceeds the minimum standard.	Compliant
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Staff are provided with guidance on reporting concerns ref service users through supervision, memos from the manager, Managerial Health Checks, Multi-Disciplinary Reports and through case discussions. This guidance may include guidance on the completion of referrals to relevant health and social care practitioners. Copies of such referrals are kept in service user files for reference.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
All staff members were trained in incident and accident reporting and were provided with formal supervision regularly to ensure their competence in this and other areas of practice. Staff members confirmed in discussions that they were confident in their understanding of recording and reporting procedures. Records of matters that had been referred to other professionals and to service users' families verified that the centre's practice meets this standard.	Compliant

<b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
<b>Provider's Self-Assessment:</b> Staff ensure all records are legible, accurate, up to date, signed and dated by the person making the entry. These are reviewed and signed off by the registered manager at the monthly unit health checks or as and when required.	Compliant
<b>Inspection Findings:</b> All of the records examined were found to be satisfactory and there was evidence of audits of records having been carried out systematically.	<b>COMPLIANCE LEVEL</b> Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user's human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>  <b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Day Care staff take each service users human rights into account before implementing any practice that may be considered restrictive in any way. Where restrictions of the service users rights are implemented for the health and safety of the service user, other service users, staff and members of the public, as identified in the WHSCT Policy of Restrictive Interventions of Adult Service Users Jan 2014 and the AMH&D Directorate's Guidance on the Deprivation of Liberty Oct 14, this will be agreed, signed and regularly reviewed by relevant members of a Multi-Disciplinary team, including the service user and their representatives.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The provider's self-assessment statement was verified through examination of the Trust's Policy on restrictive interventions, the records of incidents, individual progress notes and from discussions with staff members. It is standard practice in the centre to include consideration of each service user's human rights and any restrictive practice issues, as part of care planning.	Compliant
<b>Regulation 14 (5) which states:</b>  <b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b>	<b>COMPLIANCE LEVEL</b>

<b>Provider's Self-Assessment:</b>	
Killadeas Day Care currently to do not engage in restraint tactics, however, if a service user has to be restrained in any way, where restraint is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances, deployment of tactics will be carried out in line with staff training and guidance on the use of MAPA techniques all details will be recorded and reported as an incident to the WHSCT Risk Management Department, the Service User's Key Worker and RQIA as soon as possible.	Not applicable
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The issue of restrictive practice is discussed and recorded in the risk assessment of each service user's participation in the centre. There were no recorded instances of restraint having been used and staff presented as confident in their ability to manage any presenting challenging behaviours of service users with calming and diffusing techniques.	Not applicable

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<b>Provider's Self Assessment:</b>	
<p>All staff employed by Killadeas Day Care are recruited in line with the WHSCT's recruitment Policies and eligibility criteria.</p> <p>A record is kept on each staff members contract of employment, a record of their qualifications, supervision and appraisals.</p> <p>A staffing structure is in place in each unit's Statement of Purpose as well as a clear reporting structure for staff to refer to when support is required.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The manager of Killadeas Day Centre, Tir Navar Unit also manages several other day centres and inspections in these have provided evidence of the Trust's employment policy and procedures for recruitment and selection of staff. There was evidence in staff records in the centre and from discussions with two staff members, to verify compliance with this standard.</p> <p>Lines of accountability are clearly set out in the statement of purpose.</p>	Compliant



<b>Regulation 20 (2) which states:</b> <ul style="list-style-type: none"> <li>The registered person shall ensure that persons working in the day care setting are appropriately supervised</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
All staff in Killadeas Day Care receive regular formal supervision in accordance with RQIA Day Care Minimum Standards.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
There were good records of formal supervision of staff in the centre and there was evidence to show that a competent staff member was in charge at all times.	Compliant
<b>Regulation 21 (3) (b) which states:</b> <ul style="list-style-type: none"> <li>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
All staff employed by Killadeas Day Care are recruited in line with the WHSCT's recruitment Policies and eligibility criteria. A record is kept on each staff members contract of employment, a record of their qualifications, supervision and appraisals.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The manager of Killadeas Day Centre, Tir Navar Unit also manages several other day centres and inspections in these have provided evidence of the Trust's employment policy and procedures for recruitment and selection of staff.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

## **Additional Areas Examined**

### **Complaints**

The record of complaints was found to be satisfactory. One complaint had been recorded since the previous inspection and this had been resolved to the satisfaction of the complainant.

### **Statement of Purpose**

The statement of purpose was well detailed and clearly presented and was available to service users and their representatives on request.

### **Service user guide**

The guide had been developed with good use of pictures and symbols, to make it accessible to service users.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Patricia Griffith, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Dermott Knox**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



No requirements or recommendations resulted from the **primary announced inspection of Killadeas Day Centre (11228)** which was undertaken on **30 March 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED:

SIGNED: *P. Griffith*

NAME: Elaine Way  
Registered Provider

NAME: Patricia Griffith  
Registered Manager

DATE

*Elaine Way*

DATE

15.05.15

Approved by:	Date
<i>pp. H. Harley</i>	<i>14/6/15</i>
<i>[Signature]</i>	