

Unannounced Care Inspection Report 31 May 2019



Gortmore Day Centre

Type of Service: Day Care Service
Address: 18 Derry Road, Omagh, BT78 5DR
Tel No: 02882244134
Inspectors: Angela Graham
Carmel Treacy

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a day care setting that is registered to provide care and day time activities for up to 32 service users for people over the age of 65, who may also be frail, have a physical disability, sensory impairment, mental health need, and/or early stage dementia. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Phyllis Kelly
Person in charge at the time of inspection: Phyllis Kelly	Date manager registered: 28 September 2010
Number of registered places: 32	

4.0 Inspection summary

An unannounced inspection took place on 31 May 2019 from 09.20 to 16.25.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, supervision and appraisal, infection prevention and control. Further areas of good practice were also noted in regard to communication between service users and day centre staff and other key stakeholders; the provision of compassionate care; staff training; and quality assurance.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

Areas requiring improvement were identified in two domains as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Service users' comments are included throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Phyllis Kelly, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 4 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 October 2018.

5.0 How we inspect

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

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that two incidents had been reported to RQIA since the last care inspection on 4 October 2018
- Unannounced care inspection report and QIP from 4 October 2018.

During the inspection, the inspectors met with the manager, three care assistants and a catering assistant. Introductions were made to service users during the course of a walk around the setting; with individual interaction with fifteen service users.

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

The respondents indicated that they were very satisfied or satisfied that care provided to service users was safe, effective and compassionate and that the day care setting was well led.

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

The inspectors requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

A range of documents policies and procedures relating, to the service were reviewed during the inspection and are referred to within the body of the report.

Three areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for two and partially met for one.

The findings of the inspection were provided to the manager, at the conclusion of the inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 October 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 4 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Ref: Standard 8.5 Stated: First time To be completed by: 30 November 2018	The registered manager should ensure that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and	

	discussion with the manager confirmed that this area for improvement had been addressed. A copy of the report pertaining to the quality assurance questionnaires was available on the day of inspection.	
Area for improvement 2 Ref: Standard 28.1 Stated: First time To be completed by: 30 November 2018	<p>The registered provider should ensure that there is a current risk assessment and fire management plan available in the day care setting. The risk assessment and fire management plan is revised and action where necessary, or whenever the fire risk has changed.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A fire risk assessment and fire management plan dated 14 November 2018 was available on the day of inspection.</p>	Met
Area for improvement Ref: Standard 18 Stated: Second time To be completed by: 31 December 2018	<p>The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager confirmed that the policies and procedures had been reviewed following the previous care inspection. The manager also confirmed that the reviewed policies and procedures had been forwarded to senior management within the WHSCT for ratification. Therefore this area for improvement has not been fully met and has been stated for a third time.</p>	Partially met

6.3 Inspection findings

6.4 Is care safe?

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

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

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspectors by the manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of the staffing roster for weeks commencing 29 April 2019 until 31 May 2019 evidenced that the planned staffing levels were adhered to.

Discussions with the manager, staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

Observation and discussion with staff on duty on the day of the inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach.

The manager confirmed that an induction programme was available for newly appointed members of staff. A review of the induction programmes noted it included areas such as adult safeguarding, confidentiality, health and safety, fire safety and infection prevention and control.

A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities. Discussion with the staff member confirmed that they were willing to undertake this role.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, dementia awareness, equality, diversity and human rights, information governance and moving and handling.

The day care settings arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager and the WHSCT governance department. There was evidence that the manager undertook a monthly audit of incidents and accidents to ensure follow up of any outstanding actions.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the manager and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussions with the manager and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The manager and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The manager confirmed that the organisation's safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding training. Discussion with the manager and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

The manager confirmed that arrangements were in place in relation to the completion of the service's annual adult safeguarding position report.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre's fire safety precaution records were reviewed. It was noted the last evacuation drill was undertaken on 24 May 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 14 November 2018 and the manager confirmed that the significant findings were being addressed. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspectors.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Discussion with service users and staff evidenced that they felt the care was safe. The following is a sample of comments made:

Service users’ comments:

- “I am very happy here. I am safe and well looked after by the staff.”
- “Staff help me around the centre. There is always enough staff in the centre to look after me.”

Staff comments:

- “Excellent centre and care is person centred. Good communication within the centre.”
- “Staffing levels meet the service users’ needs.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control and knowledge and competency in respect to safe care.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspectors reviewed elements of three service users’ care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

In one of the three care records reviewed a service user agreement had not been provided in line with Standard 3.1 of the Day Care Settings Minimum Standards, 2012. This was identified as an area for improvement.

Care records also reflected the multi-professional collaboration into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

There was evidence in care records reviewed that service users rights were recognised; for example, the inspectors noted a number of consent forms signed by service users with regard to staff taking photographs and video material, access to care records and consultation/involvement in care planning and risk assessments.

The manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives and records viewed verified this. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

Discussions with the manager and staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users.

Discussion with the staff and service users assured the staff in this setting had responded to service users' wishes, feelings, opinion and concerns with the aim of ensuring service users were experiencing the most effective day care in this setting. Discussions between service users and staff were observed on the day of the inspection, staff encouraged service users to discuss their preferences and staff engaged them in developing their cognitive, physical and social skills through discussion and activities.

Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported. Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely.

Discussion with service users and staff evidenced that they felt the care was effective. The following is a sample of comments made:

Service users' comments:

- "I am very well cared for by the staff. Staff are respectful and always include me in decisions regarding my care."
- "I am aware of my care plan and staff involve me."

Staff comments:

- "I feel the care we deliver is excellent and service users are involved in all their care. Privacy, dignity and independence are promoted."
- "Care is very effective and each service user has a risk assessment and care plan in place."

Areas of good practice

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

Areas for improvement

One area for improvement was identified in this domain in relation to service user agreements.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

The inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspectors visiting the day care setting and staff encouraged them to engage with the inspector.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as armchair exercises, boccia, knitting, crafts, music sessions, games and bingo.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Condiments were available for service users' use if required. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely.

Discussions with staff established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. They recognised that giving and obtaining consent is a process, not a one off event.

Discussions with staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations.

The inspectors observed on numerous occasions, staff offering service users' choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal

communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

The manager confirmed that service user meetings are generally held quarterly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in September and December 2018 and March 2019 evidenced service user feedback being sought in regards to meals, activities and outings. The minutes also reflected information provided to service users with regard to health and safety.

Staff described the value they place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

Discussion with service users and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users' comments:

- “Staff are the best you will find. I am treated equally and respectfully.”
- “We have regular meetings where we talk about the activities we want to do and choices of meals. I feel listened to.”

Staff comments:

- “We seek service users’ opinions and views about things like activities and menu choices, their views have informed the activity programme and choices on the menu.”
- I feel the care we deliver is compassionate and caring. Human rights underpin all our decisions affecting the service users.”

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registration certificate was up to date and displayed appropriately.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Discussion with the manager confirmed that the policies and procedures had been reviewed following the previous care inspection. The manager also confirmed that the reviewed policies and procedures had been forwarded to senior management within the WHSCT for ratification. This area for improvement has been restated.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. In addition, service users had access to a WHSCT easy read "Tell us what you think" leaflet and details were displayed on the notice board in the day centre with regard to how to make a complaint in the WHSCT and the role and contact details of the Patient and Client Council.

Discussion with the manager confirmed that staff meetings were generally held quarterly, and records verified this. The last meeting was held on 29 May 2019 and minutes were available. Previous staff meetings had been undertaken on 30 January 2019 and 26 September 2018. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. The manager confirmed that the minutes of the meetings were made available for staff to consult.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with the manager confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice.

A review of a sample of records verified that staff received three monthly supervision sessions or more often and that annual appraisal is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

The inspectors discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The records viewed showed that visits were undertaken bi-monthly by a senior manager in the WHSCT. A sample of reports evidenced consultation with service users and their representatives including a review of the conduct of the day centre.

The inspectors discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

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

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

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

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "I am aware of the complaints procedure and how to make a complaint. I have only good things to say about the staff and service."
- "The manager is always about and is very approachable. Very kind staff."

Staff comments:

- "This is an excellent centre and I enjoy working here. I am well supported in my role through supervision and training."
- "Open door policy and you can raise an issue at any time, always addressed."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement, staff supervision and maintaining good working relationships.

Areas for improvement

One area for improvement under the standards highlighted at the last inspection has been stated for a third time. This area relates to policies and procedures.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 3.1 Stated: First time To be completed by: 31 July 2019	<p>The registered person shall ensure each service user has an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: We are successfully working to ensure that each service user has a signed written agreement in place by 31 July 2019.</p>
Area for improvement 2 Ref: Standard 18 Stated: Third time To be completed by: 31 August 2019	<p>The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: We are continuing to work towards having the full range of policies as per Standards which will be dated, reviewed and ratified by the registered person once revised/introduced.</p>

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



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