

# Unannounced Care Inspection Report 11 August 2016



## Ravenhill Adult Centre

**Type of service: Day Care Service**  
**Address: 318a Ravenhill Road, Belfast, Belfast**  
**Tel No: 02895042980**  
**Inspector: Suzanne Cunningham**

## 1.0 Summary

An unannounced inspection of Ravenhill Adult Centre took place on 11 August 2016 from 10.00 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

The inspection of: three service users' individual care files; staff records such as duty rotas, supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Ravenhill Adult Centre were observed responding to a range of service users' needs. The service users described being in Ravenhill Adult Centre was helping them to feel well. They gave examples of how they were supported in the day care setting by undertaking activities, by spending time with staff and peers. The staffing levels were responsive to service user's needs, welfare and safety. The premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe?" concluded the minimum standards inspected were being met on the day of the inspection. One recommendation is made to improve the timescales of individual staff supervision meetings. This will increase the availability of formal staff support in this setting.

### **Is care effective?**

The inspection of three service users individual care records; incident recording; complaints recording; discussion with the service users; staff and visiting professionals concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and the outcome was written into a plan with the service users. Review and monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement regarding this domain were identified during this inspection.

### **Is care compassionate?**

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed listening to service users, valuing their views and communicating with them in a supportive and caring manner.

Overall the inspection of "is care compassionate?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified regarding this domain during this inspection.

## Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. Documents and records such as audit records, monthly monitoring reports and evidence of staff support demonstrated there were clear arrangements in place to promote quality improvement throughout the setting. However, the frequency of the monitoring reporting was not monthly. There is no arrangement in place to vary this frequency with RQIA. Therefore this should be improved to achieve compliance with regulation 28, which states the visit and reporting should occur monthly.

Overall the inspection of “is care well led?” concluded the minimum standards inspected were being met on the day of the inspection. One area for improvement is required to increase the frequency of monthly monitoring visits and reporting.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Brian O'Reilly, 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 type e.g. care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 15 August 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast HSC Trust/Mr Martin Joseph Dillon	<b>Registered manager:</b> Brian O'Reilly
<b>Person in charge of the home at the time of inspection:</b> Brian O'Reilly	<b>Date manager registered:</b> 25 March 2014
<b>Categories of care:</b> DCS-MP, DCS-PH, DCS-SI	<b>Number of registered places:</b> 75

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Belfast Health and Social Care Trust
- Incident notifications which revealed one incident had been notified to RQIA since the last inspection on 21 January 2016
- Unannounced care inspection report 21 January 2016 and trust response to the inspection
- Statement of Purpose
- Service Users Guide.

During the inspection the inspector met with:

- The registered manager
- The deputy manager
- Five staff
- One student Nurse
- 15 service users
- One service user relative.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Ravenhill. Three were returned by service users, one by staff and three by relatives.

The following records were examined during the inspection:

- Three service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had no entries recorded for this inspection period
- A sample of incidents and accidents records from January to August 2016
- The minutes of seven service user meetings and service user consultation sessions (10 February, 10 March, 15 March, 14 June, 27 June, 14 July & 3 August 2016)
- A sample of the team meeting minutes for January, February, April and July 2016
- Staff supervision dates for 2015 & 2016
- Two staff records
- One competency assessment for the Deputy Manager
- Five Monthly monitoring reports from January to July 2016
- Staff training information for 2015 and 2016
- The weekly staff and activity planner for July and August 2016
- A sample of the Fire safety records for 2016.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 21 January 2016

The most recent inspection of the establishment was an announced estates inspection. The completed QIP was returned and approved by the specialist inspector.

### 4.2 Review of requirements and recommendations from the last specialist inspection dated 11 January 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 17 (1) (2) (3) <b>Stated:</b> First time	The registered manager must ensure that a review of the quality of care is completed which includes all matters set out on Schedule 3 which includes consultation with service users and their representatives.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the consultation with service users and their representatives had been completed. The review of the quality of care (schedule 3) was not done at the time of this inspection. This should be completed and forwarded to RQIA with the completed QIP.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 8.4;8.5 <b>Stated:</b> First time	The registered manager should ensure that the views and opinions of service users about the quality of the day service and facilities are formally undertaken at least annually. The report identifies the methods used to obtain these views and opinions, incorporates comments made and if any issues were raised, the actions to be taken in response to these. The report is made available to service users.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The views and opinions of service users and their carers had been sought through the trust consultation process, service user meetings and an annual survey. The outcome report of the annual survey was inspected. This had been made available to service users.	

### 4.3 Is care safe?

Discussion with the registered manager at the beginning of the inspection revealed the day centre staffing arrangements had been stable since the last inspection. Since last year's inspection there were less service users attending daily and staffing numbers were lower by one member of staff. Staff members on duty stated the number of staff working with the current numbers of service users was a safe ratio. They said they were meeting the service users' assessed needs; and delivering care as described in the care plans. They said the staff team had reviewed the activity programme regularly to ensure there is a focus on improving health, mental wellbeing and developing skills that service users can use outside of the setting. The staffing arrangements presented as safe and enabled staff to actively review and develop their service to improve outcomes for service users in the short and longer term.

The registered manager and deputy manager produce an "activity and staff on duty planner" weekly. This was displayed on the service user's notice board. The planner detailed the staff on duty each day with their roles and responsibility. These records were compliant with standard 23.7 which states a record should be kept of who is working and in what capacity.

Eight service users were consulted with during the inspection specifically regarding safe care. They described the day centre was a "life line" for them. They described why the day centre was key in keeping them well at this time. For example the support from staff, peer support when they are in the centre, the variety of activities available in the setting. Discussion groups were regarded as good for focused discussions, e.g. diet, understanding what makes them vulnerable and addiction. Creative and exercise activities were described as relaxing and therapeutic. Service users said it was more natural to talk through issues with staff and peers when the focus was on the activity and not them. They also described the activities having a calming and feel good effect on them and confirmed they felt safe in the centre.

The staff on duty and the student nurse said they discuss openly what staff will do each day, including activities to ensure they provide safe care; in a safe environment. The staff said if they had any concerns regarding safe practice they would discuss this with their colleagues or the management team. The student nurse identified if she had any concerns regarding the safety of service users in the setting, she would speak to the day care worker, or in her absence, the registered manager. She described both were accessible and supportive. She gave examples which provided evidence the staff are alert to potential for incidents and risk, but also promote service users maintaining their independence. For example they know each service user's care plan; are observing for changes or unusual behaviours; they discuss potential changes as soon as they are identified with the service users, staff and or relatives; they ensure walk ways are free from clutter; walking aids are within service users reach; and all service users have an opportunity to give their views, opinions and preferences. The discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Two staff files and one competency assessment was examined as part of this inspection. The competency assessment provided assurance the staff member had the skill, knowledge and experience to act up in the manager's absence.

Staff supervision arrangements were inspected and the frequency of the supervision meetings between staff and their supervisor should be improved. One staff member had received two supervision sessions in 2015 and two in 2016. The other staff member had received one in

2015 and two in 2016. Care staff should have received one supervision session no less than once every three months. A recommendation is made to increase the frequency of supervision.

The staff training record was inspected from February 2015 to June 2016. The staff mandatory training and training specific to service users' needs record detailed they undertook a range of training such as vulnerable adults; fire safety; and first aid. Training was planned for later in August 2016 in personal safety and disengagement. This record and discussion with the manager confirmed staff had or will receive appropriate training to safely undertake their role and responsibilities in this day care setting in 2016.

There were specific systems in place that staff use to identify and plan to avoid unnecessary risks to the service user's health. Examples of documentation were the assessment of need and risk, service user's self-assessment and review documentation and incident and accident recording. These records inspected provided examples of when staff had safely identified and met service user's welfare and safety needs.

This day care setting is activity based care with a strong emphasis on empowering individuals to become independent, make safe choices and experience the benefits of social interaction between service users and staff. The care is delivered in a range of rooms that offer space for small groups, physical activity, crafts and computer skills. There is also outside space, a dining area and bathrooms, which were all observed as accessible. The day centre environment presented as functional for this group, warm, comfortable and promoted freedom of movement for all service users. The environment had been decorated with service users' art, crafts and furniture made by the groups. This gave the building a homely feel. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

Three service users returned questionnaires to RQIA regarding this inspection. They identified they felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, and they could tell someone if they were worried about someone being treated badly. Two knew what to do if the fire alarm sounded and one didn't. The inspection of the fire record detailed safe fire evacuations had been undertaken. Discussion with service users revealed staff had led them to the designated safe area when a fire alarm had sounded.

Three relatives returned questionnaires. They responded their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

One staff member returned a questionnaire. They responded the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

### **Areas for improvement**

One area for improvement was identified regarding increasing the frequency of individual staff supervision meeting in compliance with standard 22.2.

#### 4.4 Is care effective?

The content of the Ravenhill Adult Centre statement of purpose was sampled. Cross referencing the content with the outcomes of this inspection it was evident this document described the purpose of this service accurately and effectively. For example Ravenhill Adult Centre “provides a varied and structured programme for adults with mental health illness, which offers great opportunity for choice, social and educational development”. The service provides “effective and safe service delivery at all times which is personalised and continually focuses on individual service user needs”. To meet this goal a “recovery star assessment” is completed with each service user. This model of assessment uses a person centred approach to identifying individual needs, rights and choices of the service users. The outcome is used to plan the individual programmes of care. This assessment is done by the service user with staff support.

The inspection of three individual service user files evidenced the description of the service in the statement of purpose was being put into practice. For example the recovery star assessment had been completed with service users after the commencement of their placement. This was used to draw up a plan with the service users; which had been reviewed at least annually. The staff had recorded they had met regularly with the service user to assess progress with the plan and map improved outcomes on the “recovery star”. The assessment, planning and review recording showed this process was led by the needs and views of the service users. This process had empowered the service users to be involved in managing their own health; raised their awareness of their progress; and helped them to identify changes in their needs. These examples were achieving the objective to improve service user’s self-awareness of changes in their health and needs. There was recording which showed service users had identified when they need to seek support or could be more independent. Discussion with staff revealed they are aware some service users’ self-awareness may not be developed or may be impaired. They recognised they may need to intervene if a service user does not identify their health is deteriorating. In summary, the records written in the service users files that were inspected showed this model had been effective in mapping progress, outcomes and deterioration of mental health. This model had ensured care was not only safely planned for, but is also effectively supporting service users to meet their needs and respond to the service user’s preferences and objectives.

The record keeping formats were produced and completed in accordance with legislation, standards and best practice guidance. For example risk assessments had been completed when necessary, and were reviewed. When a risk assessment was written, the care plan incorporated the outcome of the assessment and the risk assessment. The staff recorded when they reviewed all documents to ensure they remained current and relevant.

The activity schedule was written weekly for service users. The manager and staff stated this was informed by the consultation with service users; service user needs and staff ideas. Consultation with service users confirmed they were asked to give their ideas for activities. They described they felt the trust had tried to change the delivery of day care in this setting and this was not consistent with their preferences. For example they said the service had reduced the creative activities and increased group discussions. The trust had also consulted with them regarding closing the day centre. Service users said staff had effectively empowered them to give their views and ensure the service was effective for them. They summarised there is now a good balance of activities in the setting that effectively assists them to be well. They were also pleased they had actively fought the closure; and the day centre was staying open for now.



In summary the activity schedule was effectively empowering and supporting service users to self-advocate; feel well and live safely in the community.

The manager provided evidence of monthly audits undertaken by the staff to ensure any patterns, concerns or deficits are identified in a timely manner and addressed to achieve improvement. Monthly audits included food safety; individual service user recording audits; complaints; fire safety and the environment. These did not show any concerns regarding risk, or improvements required.

Three service users' questionnaires identified they were getting the right care at the right time; staff were communicating well with them; their choices are listened to; they choose the activities they take part in; and have been involved in the annual review of their day centre placement.

Two relative's questionnaires responded their relative gets the right care, at the right time, in the right place; they are satisfied with communication with staff; their awareness of their relative's needs; preferences and choices and that these are incorporated into the care they receive; and they are involved in their relative's annual review.

One staff questionnaire identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

### **Areas for improvement**

No areas for improvement regarding effective care were identified during this inspection.

#### **4.5 Is care compassionate?**

This inspection included observation of the morning and afternoon craft activities, a Chi Me session (similar to Tai Chi) and consultation with fifteen service users. These examples provided evidence the staff were responding to and supporting service users in a compassionate way. For example the staff communicated with the service users individually and in groups, in a respectful way that protected service user's dignity and privacy. Service users responded to staff by openly discussing a range of matters that was relevant to the activity they were taking part in. Some chose to reflect on their own personal circumstances. The staff were observed taking time to communicate with the group. If staff identified someone needed additional support they sensitively moved service users to where they could get more individualised care and privacy. The staff were observed encouraging service users to be involved and promoting their independence.

This setting had communicated and consulted with service users in a number of ways. For example service user meetings which had focused on evaluation of the care provided, service user steering meetings which focussed on the future of the service and the annual survey. Between February and August 2016 there had been seven meetings held with service users. The minutes of the meetings revealed the service users were encouraged to be active participants and were supported as necessary by staff. The annual consultation with service users revealed the majority of service users felt the service contributed to their wellbeing and they were satisfied with the service they were getting. The annual survey and minutes of meetings were accessible for service users. The examination of the annual survey and questionnaire revealed the only outcome was to share the overview report with service users. The report included a wealth of information and feedback regarding what is working and

suggestions for improvement. Therefore the actions taken in response should have been more detailed and should be incorporated into the annual report. Advice was given in this regard.

Consultation with service users regarding compassionate care provided feedback that they felt the care and support provided by staff promoted their independence, confidence, wellbeing and improved their health. One service user described this day centre had enabled them to have a more healthy and positive outlook on life. They described their relationships with others and motivation for being involved in activities had greatly improved since attending the Ravenhill Adult Centre. They described being involved in the group activities and identified it was the staff support and encouragement that had made the difference. Feedback from other service users was similar. Overall the feedback and evidence showed that the staff support and care in Ravenhill was positively contributing to service user's wellbeing.

Three service users' questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

Three relative's responded in questionnaires that their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns and their relative is treated well. One relative identified they are not consulted regarding decisions as their relative is independently attending the day centre; the other two confirmed they are consulted. One relative wrote "The staff are very caring, attentive and professional in how they look after (relative) at the centre".

The staff questionnaire identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

### **Areas for improvement**

No areas for improvement were identified regarding this domain.

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

The registered manager was present during the inspection and they were supported by a deputy manager. The deputy manager had undertaken a competency assessment which evidenced they were competent and willing to take on this role in the manager's absence. The deputy manager was also undertaking the QCF level five qualification. This is a qualification for registered managers of day care settings and should greatly benefit the deputy manager in her current role. These management arrangements in place should ensure there is effective management of this day care setting which promotes safe, effective and compassionate care.

Examination of the day centres statement of purpose evidenced the management arrangements were detailed which were consistent with the day centres registration details. The manager provided examples of management and governance systems they have in place which ensure the setting is safe, well managed and service users' needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. For example the monthly monitoring visits; the audits of the settings records and the environment. The audits did not identify any concerns regarding the centres compliance. The annual report for 2015/2016 had not been written and therefore was not available for inspection. This was an improvement required following the last inspection; this is stated for the second time in this inspection QIP.

The monthly monitoring visits and reports were inspected from January to July 2016. The reports available did not evidence visits had taken place once per month as required in regulation 28. There was no arrangement with RQIA to vary the frequency of these visits therefore a requirement is made to increase the frequency of the visits. The reports did report on the matters to be monitored by the registered person as detailed in Schedule 3. The reports were detailed and described the conduct of the setting.

Policies and procedures were accessible for staff on the intranet. A set of policies and procedures were available for staff reference, they consisted of trust policies and procedures, as well as day care specific policies and procedures.

The complaints record was reviewed and this revealed none had been received. Compliments records were also recorded and maintained by staff. The record evidenced service users' experiences of good outcomes and the complimentary comments made by service users and their families.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern communicated by service users. The staff described the management staff as supportive and the staff also recognised they support each other. The staff gave examples of when the management team had listened to what they were saying. They gave examples of when they had developed new activities or groups. They described management had offered a range of support to put ideas into practice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user.

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. The service users named the manager and staff who work in the setting confirming they were familiar with all of the staff team. They described all of the staff are good and said they would approach any of them with issues, concerns or ideas.

Three service users' questionnaires identified the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they are asked what they would like to do in the setting.

Three relative's questionnaires described the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide.

The staff questionnaire identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

### **Areas for improvement**

One area of improvement was identified regarding the frequency of the monthly monitoring visits which must be increased to be compliant with regulation 28.

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Brian O'Reilly, 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 service. 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Setting 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 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](mailto: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.

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## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 17 (1)  
(2) (3)

**Stated:** Second time

**To be completed by:**  
06 October 2016

The registered manager must ensure that a review of the quality of care is completed, which includes all matters set out on Schedule 3, which includes consultation with service users and their representatives.

#### **Response by registered provider detailing the actions taken:**

The annual review for 2015/2016 was written at the time of the inspection; a copy of this was sent to RQIA on 26 August 2016 by the Registered Manager.

An annual review on the quality of care will take place in January 2017. Service Users and their representatives with the opportunity to comment on how they are supported in the Centre and to make suggestions with regards improving the service and how staff can further assist them.

Information obtained is collated and evaluated. An action plan will then developed to include timescales. The outcome of this review will be shared with Service Users through evaluation meetings. A copy will also be displayed on the Centre's notice board. The agreed action plan/annual report will be returned to Regulation Quality Improvement Authority.

As part of the service user's induction a Welcome Pack/Service User Agreement is completed. The service user agreement has been adapted to include the information required under Regulation 17. It outlines activity programmes, transport, staffing and the Keyworker role, a description of a typical day, Health and Safety issues and information on how to process a complaint. Contact information is listed on the regulatory body RQIA.

#### Requirement 2

**Ref:** Regulation 28.3

**Stated:** First time

**To be completed by:**  
06 October 2016

The registered provider must increase the frequency of the monthly monitoring visits to ensure they are compliant with this regulation.

#### **Response by registered provider detailing the actions taken:**

The Trust endeavours to ensure that monthly monitoring visits take place. Monitoring visits were made by the Operations Manager in January, February, April, May, June, August and September 2016. The Trust acknowledges that monitoring visits did not take place in March and July 2016. The monitoring visit did not take place in March 2016 due to a change in line management. The visit in July 2016 did not take place due to annual leave.

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 October 2016</p>	<p>The registered manager should improve supervision arrangements for care staff in this setting. Each care staff member should receive one supervision session no less than every three months.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Each staff member will be given supervision sessions no less than three monthly. Staff will be issued with their supervision dates and times for the coming year. Where dates need to be rearranged this will be documented in agreement with with the supervisee and supervisor.</p> <p>Staff meetings are held regularly. These meeting are used to discuss personal and service development, information sharing, discuss service users wellbeing, new admissions, service users discharged, activity planning, mandatory training, annual leave, health and safety and day centre environment.</p>

***Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\****



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