

Unannounced Care Inspection Report 13 February 2017



Hawthorns Adult Centre incorporating 'Focus'

Type of service: Day Care Service
Address: Ellis Street, Carrickfergus, BT38 8AZ
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Inspector: Louise McCabe

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hawthorns Adult Centre incorporating 'Focus' took place on 13 February 2017 from 09.30 to 17.30 hours.

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

Is care safe?

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

Is care effective?

On the day of the inspection it was assessed that the practical day to day care of service users in the day care setting was effective, however three areas for quality improvement were identified regarding care documentation. Observations of staff interactions with service users; discussions with a total of 18 service users and seven care staff provided evidence the care was effective. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users, however the need for improvements in the audits of service user's care documentation is discussed in section 4.6 'is the service well led'. Three areas for quality improvement relating to effective care were made as a result of this care inspection. These areas concern service user's written agreements, care plans and annual review reports.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with 18 service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There was one area identified for improvement in this domain as the result of this inspection. This regarded the evaluation report completed as a result of service users' annual survey.

Is the service well led?

On the day of this inspection the review of a random sample of documentation provided evidence that improvements had been made in the previous year regarding effective leadership, management and governance arrangements. The culture in the day care setting was focused on the needs of service users. There were three areas identified for quality improvement identified in this domain during this inspection. These regarded: the formal supervision of

agency care staff; the day care setting's annual report and evidence of the audits of service user's care documentation.

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
Total number of requirements and recommendations made at this inspection	1	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Marc Carey, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 21 May 2015.

2.0 Service details

Registered organisation/registered person: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered manager: Mr Marc Carey
Person in charge of the service at the time of inspection: Marc Carey	Date manager registered: 21 May 2014

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- Previous care inspection report
- Records of notifiable events received by RQIA from 22 May 2015 and to 13 February 2017 (five were randomly sampled).

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

- Discussion with the registered manager
- Discussions with 18 service users
- Discussion with one relative
- Discussions with seven care staff
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with 15 questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; five staff members and five relatives for their completion.

The questionnaires asked for service user, staff and representative’s views regarding the service, and requested their return to RQIA. At the time of the issue of this report, one staff questionnaire was completed and returned. The content of the questionnaire is discussed in the main body of the report.

The following records were examined during the inspection:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent premises inspection

The most recent inspection of the day care setting was an announced premises inspection. The completed QIP was returned and processed by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 21 May 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1	The registered manager must ensure that:	
Ref: Standard 14.10	(a) the record of complaints is extended to include a summary of the complaint and	

<p>Stated: Second time</p>	<p>investigation; details of all communications with complainants, the outcome/s of the investigations and the satisfaction levels of the complainants.</p> <p>(b) With regards to (a) above, ensure this information is completed for the two identified complaints. If the investigation is ongoing for several or all of the areas of concern made by complainants, this should be recorded. Where complaints are investigated by others not involved in the running of Hawthorns Adult Centre, updates and the outcomes of the investigation are to be communicated to the registered manager.</p> <p>The completed returned quality improvement plan must state the action taken on both of the above matters.</p> <p>Action taken as confirmed during the inspection: A new format for the recording of areas of dissatisfaction, concerns and complaints has been devised. The two identified complaints were recorded on this new template and contained the information specified in Minimum Standard 14.10.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p>Where changes are made to the service user's care plan, the registered manager must ensure the service user, member of staff making the changes and the registered manager sign and date the revised care plan. Where the service user is unable or chooses not to sign the document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>Action taken as confirmed during the inspection: Three service user's care plans were randomly reviewed during this inspection and showed compliance with the above.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 5.2 and 27.1</p> <p>Stated: First time</p>	<p>With regards to promoting service user’s continence and ensuring confidentiality, dignity and respect for the individual, the registered manager should ensure:</p> <p>(a) Information is added to the identified service user’s care plans so that a new staff member would clearly know how best to approach, support and assist service users with their personal care needs. The information should state whether prompts are needed; if staff wait outside the bathroom door, the type of continence product used and where these are located.</p> <p>(b) the service user’s name or initials are not used on closed storage boxes of incontinence products in bathroom or WC areas. Consideration should be given to appropriately and discreetly labelling these boxes so that only staff and the identified service user are aware it is ‘their’ box. Details of this labelling must be recorded service user’s care plan.</p> <p>(c) appropriate storage is provided in the identified disabled bathroom to store service user’s continence products and where appropriate change of clothing.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Three service user’s care plans were reviewed during this inspection. Evidence was provided to verify compliance with (a). A tour of the bathrooms and WC areas showed appropriate storage for continence products was in place. The boxes or containers of service user’s continence supplies were discreetly labelled and this was explained in the individual’s respective care plan.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered manager must ensure service user meetings are held more regularly and at least once per month. Records must be retained of these meetings. The minutes of the meetings should contain:</p> <ul style="list-style-type: none"> • an agenda, • who attended; • the actions to be taken as a response to issues raised and include details of who is responsible; 	<p>Met</p>

	<ul style="list-style-type: none"> Subsequent minutes must reflect a summary of the follow up action taken from the previous meeting. 	
	<p>Action taken as confirmed during the inspection: A review of the minutes of Listen/Hear service users' meetings showed these mostly occur on a fortnightly basis. The minutes of three 'Listen/Hear' service users' meetings were randomly reviewed during this inspection (18 November, 15 December 2016 and 09 February 2017). These records were compliant with Minimum Standard 8.3.</p>	
<p>Recommendation 5 Ref: Standard 8.5 Stated: First time</p>	<p>With regards to the annual quality assurance of service users views and opinions and that of their carers/representatives; the registered persons should ensure:</p> <ul style="list-style-type: none"> (a) the 2015 evaluation report contains a summary of the follow up action taken by the organisation as a result of the April 2014 quality assurance. (b) The 2015 evaluation report should contain an action plan with time scales as a result of the service's review of the April 2015 questionnaires. (c) The next service users' quality assurance questionnaires should cover all areas of day care provision and include the quality of the environment. <p>Action taken as confirmed during the inspection: The 2015 service users' evaluation report completed as a result of their annual survey provided evidence of compliance with all of the above matters stated above.</p>	<p>Met</p>

4.3 Is care safe?

Policies and procedures were in place in the day care setting which promoted the safety of service users for example:

- Recruitment of Staff;
- Safeguarding Vulnerable Adults and
- Behavioural Interventions with Trust Clients

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

The registered manager confirmed what the planned daily staffing levels were for the centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. There is a registered manager, a senior day care worker; seven day care workers, ten support workers, drivers, catering and domestic staff employed in Hawthorns Adult Centre and the satellite unit. If the manager is absent from the day service, the senior day care worker assumes responsibility. Discussions with the registered manager concluded there are several agency care staff who consistently work in the day care setting.

Competency and capability assessments have been completed for staff who have responsibility of the centre in the absence of the registered manager. These had been reviewed during a previous care inspection of the day care setting.

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

A review of five accidents and untoward incident records which had occurred since the centre's previous care inspection showed these had been responded to and managed appropriately. There have been four vulnerable adult referrals made to the Trust's safeguarding team since the centre's previous care inspection. RQIA had been notified of these in accordance with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 17.14 of the Day Care Settings Minimum Standards (January 2012). Appropriate action had been taken by the day care setting in accordance with the Trust's Adult Safeguarding policy and procedures and the service user's named worker was also informed.

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

Inspection of the internal and external environment identified that the day care setting was appropriately heated, tidy, clean, suitable for and accessible to service users, staff and visitors. There were no obvious hazards to the health and safety of service users, visitors or staff.

With regards to the recruitment of staff in the day care setting, RQIA reviewed (with their consent) the induction records of one recently employed care staff. Confirmation was received from the Trust's Human Resources Department that all of the required recruitment information was received and this is securely stored.

Observations and discussions with 18 service users concluded they felt safe in the day care setting.

Review of one completed RQIA questionnaire verified the staff member was very satisfied that the care provision in the day care setting was safe.

Areas for improvement

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

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

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

Three service user's care files were reviewed during this inspection. There were photographs of each service user in their respective care file. Copies of written agreements were not in place in the respective service user's care files. This is an identified area for improvement. All three service user's care files contained current general and risk assessments which were compliant with Minimum Standard 4. There was evidence that risk and other assessments informed the care planning process and were integrated into two of the three care plans.

Two of the three care plans were person centred, comprehensive and reflective of the individual's current needs, however one was dated January 2016. Care plans should be reviewed on an annual basis. The third care plan was brief and not compliant with Minimum Standard 5.6. It was dated 25 January 2015 and needs to be reviewed so it fully and accurately reflects the service user's current needs. The review of two identified care plans was discussed with the registered manager. This is an identified area for improvement.

Review of three service user's care records confirmed two annual reviews of the individual's day care placement had taken place in the previous year. One identified service user's most recent annual review had occurred in 2013. Discussions with a staff member concluded thirteen service user's annual reviews were outstanding and dates have been arranged for eight of these to take place in the next two weeks. There will then be five outstanding service user's annual reviews. This was discussed with the registered manager and is an identified area for improvement.

Two service user's annual review reports were reviewed during this inspection, parts of these reports were not fully compliant with Minimum Standard 15.5. They did not include the details of important events (including incidents or accidents) occurring since the previous annual review of the service user's day care placement and how they were addressed. If there were no important events, the report should state this (Minimum Standard 15.5).

Discussions with 18 service users confirmed they were encouraged and enabled to be involved in the assessment, care planning and review process.

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

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, regular service users and staff meetings. Discussions with seven care staff confirmed management operated an open door policy in regard to communication within the day care setting.

The day care setting's complaints record was reviewed during this inspection. A random sample of two areas of dissatisfaction, concern or complaint were reviewed from 22 May 2015 to 13 February 2017. The records reviewed were compliant with Minimum Standard 14.10.

A random review of three compliments concluded positive comments about the quality of care provision in the day care setting.

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

Review of one completed RQIA questionnaire verified the staff member was very satisfied that the care provision in the day care setting was effective.

Areas for improvement

Three areas for quality improvement were identified during the inspection regarding this domain. These matters concern:

1. Service user's written agreements.
2. Service user's care plans.
3. Service user's annual reviews and their reports.

Number of requirements	0	Number of recommendations:	3
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4.5 Is care compassionate?

Discussions with 18 service users concluded they are treated with compassion, kindness and respect by staff and the registered manager. They said staff listen, support, value and communicate with them in an appropriate manner. Discreet observations of care practices showed service users' are responded to in a prompt, courteous and supportive manner by care staff. Staff were observed encouraging service users to be as independent as possible. Service users also said they are involved in decision making during their time in the centre.

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

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

Service users' meetings take place approximately every two weeks and the minutes of three meetings (18 November, 15 December 2016 and 09 February 2017) were reviewed during this inspection. The minutes clearly reflected service users' views and opinions are sought, listened to and if any queries or issues are raised they are responded to. This is compliant with Minimum Standard 8.3.

The most recent service users' annual quality assurance survey was distributed to service users' and their relatives between May-July 2016. Questions encompassed the quality of: care, the programmes and activities and the environment. Discussions with the registered manager concluded that a separate transport and meals survey had taken place. The evaluation report contained the outcomes of the survey regarding the quality of care, programmes and activities and the environment and the actions to be taken on any issues raised. However the evaluation report did not include information on the outcomes of the transport and meal surveys and if there were any areas for improvement. This is an identified area for improvement. The registered manager said he would update this evaluation report and ensure this is shared with service users and relatives.

RQIA had individual discussions with a total of 18 service users (nine in the main Hawthorns Adult Centre and nine in the Focus satellite unit). It was assessed through observation and general discussions that the service users were happy with the quality of care provision in the day care setting. No concerns or issues were raised. Examples of some of the comments made by service users in the main Hawthorns Adult Centre were:

- “I love it here. I like seeing my friends.”
- “Coming here is everything to me. My group room rocks. I love seeing my best friend.”
- “I like it here, there’s lots to do and they are good to me.”
- “I’m happy here in Hawthorns. I like all my work and going out shopping.
- “Everyone is kind, they help me. I like it a lot.”
- “I like the circus skills class the best, it’s fun. I like everything, they are my friends.”

Comments made by service users in the Focus satellite unit included:

- “I just love it here, we’ve so much space and do lots more things out in the town. I prefer it and feel more independent.”
- “It’s great here, I get to meet my friends every day and we’ve lots to do here and in the town. It’s fun.”
- “The staff are great, they listen to us and they only help us when we need it. I know I can go to them if I’m worried or not happy about something.”
- “Everyone here is brilliant, coming here gets me out of the house. I love what I do here. It’s much better than the portacabin.”
- “I love being here, I enjoy everything about it.”

RQIA met with the relative of one service user during this inspection. He stated he is “very happy” with the quality of care provision. The relative said staff “are attentive and caring” and “help and support ” his daughter when she needs it. He said he would have no hesitation in approaching the manager or care staff if he needed to. No concerns or issues were raised by the relative.

Review of one completed RQIA questionnaire verified the staff member was very satisfied that the care provision in the day care setting was compassionate.

Areas for improvement

There was one area identified for improvement in this domain during this inspection. This regarded the evaluation report completed as a result of service users’ annual survey.

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

Policies and procedures were in place in the day care setting to direct the quality of care and services. The following three policies and procedures were randomly reviewed during this inspection:

- Behavioural Interventions with Trust Clients with Learning Disability and Challenging Behaviour
- Induction

- Whistle blowing.

The Whistle blowing policy and procedure had been reviewed in 17 November 2016. It was compliant with current legislation and best practice guidelines and had been dated and ratified by the registered person. Discussions with care staff confirmed that policies and procedures were accessible in the day care setting on the Trust's intranet or in a lever arch file.

The Challenging Behaviour policy was dated 21 April 2011 and was to be reviewed in December 2015. The registered manager informed RQIA this policy is currently in the process of being updated and will be re-entitled 'Positive Behaviour Support in Learning Disability Services'.

The Induction Policy and guidelines were dated 30 March 2010. The registered manager liaised with the Equality Support Officer in the Trust and confirmation was obtained that the Induction policy and guidelines are currently being reviewed and this review will be completed in April 2017. The review of the two identified policies and procedures will be monitored during the next care inspection of the day care setting.

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

RQIA's registration certificate of the day care setting was displayed on a wall in the reception area of the main centre and a copy was displayed in Focus.

Discussion with seven care staff confirmed that weekly staff meetings are held in the day care setting and a random sample of the minutes of three staff meetings (28 September 2016; 18 January and 08 February 2017) verified this. The minutes of these meetings were compliant with Minimum Standard 23.8. Staff stated that there was effective teamwork and staff member are aware of their role and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the senior day care worker. Staff consulted with clearly demonstrated their ability to communicate effectively with other healthcare professionals.

With regards to the formal supervision of care staff, discussions with care staff concluded temporary or permanent care staff employed in the day care setting receive recorded, individual, formal supervision at least every three months. This is in accordance with Minimum Standard 22.2. However discussions with agency care staff working consistently in the day care setting concluded they were not receiving formal supervision. This was discussed with the registered manager who replied this has been identified as a need within the service and will be commencing in the very near future. This is an identified area for improvement.

In section 4.4 of this report it was identified that improvements are needed concerning service user's care documentation. A discussion took place with the registered manager about audits of assessments, care plans, annual reviews, progress care notes etc. The registered manager said service user's care files are audited but was unable to provide evidence of this. Written evidence of the audits of service user's care information which are measured against Minimum Standards is an identified area for improvement.

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

Monthly monitoring visits were undertaken as required under Regulation 28. Three monthly monitoring reports were randomly reviewed during this inspection (24 November, 21 and 22 December 2016 and 19 January 2017). These reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. It is noted the visits are mainly announced. Regulation 28 states there should be a mix of unannounced and announced monthly monitoring visits by the designated person of the day care setting. The reports were qualitative as they reported on the conduct of the day care setting, contained information on the qualitative views and opinions of service users, staff and others. They were comprehensive and compliant with Regulation 28 and Minimum Standard 17.10. It is good practice for monthly monitoring reports to also include audits of service user's care documentation and the outcomes of these audits.

The day care setting's most recent annual quality report was reviewed during this inspection. The report was qualitative in content, but did not contain information on all of the relevant matters stated in Schedule 3 of Regulation 17(1). This is an identified area for improvement.

Review of one completed RQIA questionnaire verified the staff member was very satisfied that the day care setting was well led.

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

Areas for improvement

Three areas were identified for improvement during the inspection in this domain. These matters regarded:

1. Annual report for Hawthorn Adult Centre incorporating 'Focus.'
2. Evidence of the audits of service user's care documentation.
3. Formal supervision of agency care staff.

Number of requirements	1	Number of recommendations:	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marc Carey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 17(1) Stated: First time To be completed by: 31 March 2017	<p>The registered provider must ensure an annual report is completed on Hawthorns Adult Centre incorporating 'Focus' which contains information on all of the relevant matters stated in Schedule 3.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p>
Recommendations	
Recommendation 1 Ref: Standard 3.1 Stated: First time To be completed by: 01 June 2017	<p>The registered provider should ensure an individual written agreement detailing the services to be provided is retained in each service user's care file.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p>
Recommendation 2 Ref: Standard 5 Stated: First time To be completed by: 28 February 2017 for (b) and 01 June 2017 for (a) and (c)	<p>The registered provider should ensure:</p> <ul style="list-style-type: none"> (a) Service user's care plans are reviewed at least yearly if there are no changes (Minimum Standard 5.5). (b) The two identified service user's care plan are reviewed and should fully and accurately reflect their respective needs (Minimum Standard 5.6). (c) Information is provided to care staff on the importance of ensuring care plans contain SMART objectives (specific, measurable, achievable, relevant and time limited). <hr/> <p>Response by registered provider detailing the actions taken:</p>
Recommendation 3 Ref: Standard 8.5 Stated: First time To be completed by: 28 February 2017	<p>The registered provider should ensure the evaluation report completed as a result of the Hawthorn Adult Centre's annual service users' survey also includes an evaluation of the meal and transport provision.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p>

<p>Recommendation 4</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed from: 14 February 2017</p>	<p>The registered provider should ensure:</p> <ul style="list-style-type: none"> (a) The five outstanding service user's annual reviews of their day care placement occur as soon as possible (Minimum Standard 15.3) (b) Service user's annual review reports include the details of important events (including incidents or accidents) occurring since the previous annual review of their day care placement and how they were addressed. If there were no important events, the report should state this (Minimum Standard 15.5). <p>Response by registered provider detailing the actions taken:</p>
<p>Recommendation 5</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2017</p>	<p>The registered provider should ensure:</p> <ul style="list-style-type: none"> (a) there is written evidence of the audits of service user's care documentation against minimum standards (for example audits of service user's assessments, care plans; progress care notes; their annual reviews and the quality of information recorded in their review reports etc). (b) The monthly monitoring reports should comment on the progress made regarding (a) above. <p>Response by registered provider detailing the actions taken:</p>
<p>Recommendation 6</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed from: 14 February 2017</p>	<p>The registered provider should ensure agency care staff receive recorded individual, formal supervision according to the day care setting's procedures and no less than every three months.</p> <p>Response by registered provider detailing the actions taken:</p>



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