

# Unannounced Care Inspection Report 30 November 2017



## Lisnamallard Industries

**Type of Service: Day Care Setting**  
**Address: 5b Woodside Avenue, Omagh, BT79 7BP**  
**Tel No: 02882252079**  
**Inspector: Angela Graham**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 provides care and day time activities for up to forty service users. The day care setting is open Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust  <b>Responsible Individual(s):</b> Anne Kilgallen (registration pending)	<b>Registered Manager:</b> Marian Walsh
<b>Person in charge at the time of inspection:</b> Martin McGale (Acting Manager)	<b>Date manager registered:</b> 22 October 2010
<b>Number of registered places:</b> 40 DCS-MP, DCS-MP(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 30 November 2017 from 09.25 to 16.55 hours.

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

The inspection sought to assess if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care records, care reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the environment, the staffing arrangements, care records, individual service users' agreements, annual quality assurance questionnaires, annual report and audit arrangements.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I enjoy coming here", "Staff are very approachable and I would have no hesitation in talking to them if I had any concerns," "I am coming here a long time and I have no complaints" and "I am very happy with everything in the centre".

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
<b>Total number of areas for improvement</b>	3	4

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

## 4.2 Action/enforcement taken following the most recent premises dated 01 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 01 December 2016.

## 5.0 How we inspect

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
- the previous care inspection report and QIP

During the inspection, the inspector met with the manager, two care staff, one ancillary staff member and fifteen service users. The manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Nine service users'/relatives questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information
- minutes of three staff meetings

- minutes of three service user meetings
- three monthly monitoring reports

Four areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for three areas and not met for one area.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent care inspection dated 01 December 2016**

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 01 December 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 26 (2) (d) Stated: Second Time	Some of the high level, exterior paintwork was in poor condition. The registered person must ensure that all parts of the day care setting are kept reasonably decorated.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager informed the inspector that this area for improvement has been raised with senior personnel within the Western Health and Social Care Trust. To date this work has not been undertaken.  This area for improvement has not been addressed and has been stated for a third time in this report.	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 18.1 <b>Stated:</b> Second time	<p>The registered person should ensure that an up to date, written policy on continence promotion is available in the centre and that it reflects the views of service users and staff members.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Discussion with the manager confirmed that a continence promotion policy had been developed. A continence promotion policy was available in the day care setting on the day of inspection.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time	<p>The registered provider should ensure that the initial care review takes place within four weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care. As a minimum, a formal review should take place once a year.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The review of three care records evidenced that this area for improvement had been addressed.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time	<p>The responsible person should improve the monitoring visit report to include the number of the service users interviewed and a sample/summary of the service users' views.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The review of three monitoring visit reports evidenced that this area for improvement had been addressed.</p>	



## 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 manager confirmed the planned daily staffing levels for the day care centre. A review of the staffing roster for weeks commencing 23 October 2017 until 30 November 2017 evidenced that the planned staffing levels were adhered to. The registered manager has been off on long term leave since February 2017. A senior member of staff is deputising in the registered manager's absence. This arrangement has depleted the staff compliment.

The inspector met with three staff members. These staff expressed commitment to their work with service users, which, they confirmed, is enjoyable and fulfilling. Staff confirmed that on occasions the current staffing arrangements limited the delivery of individual activities. Discussion with a service user confirmed that an activity that was scheduled to take place, on the day of the inspection, was cancelled due to a shortage of staff. The current staffing arrangements require to be reviewed to ensure the assessed needs of the services users are being met. This was identified as an area for improvement under the regulations.

A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the registered manager. Review of the competency and capability assessment confirmed that the staff member had received training and was assessed as competent to undertake their role and responsibilities. The assessment demonstrated that the staff member was competent; willing to undertake management tasks and had the knowledge to fulfil their role and responsibility in the absence of the registered manager. Discussions with the staff member confirmed that they were aware of the day care setting regulations and standards which they had used to guide practice.

Discussion with staff confirmed that mandatory training and other professional development training was provided. 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, information governance, first aid and adult safeguarding training.

Discussion with staff during inspection revealed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The inspector examined a sample of the settings incidents, accidents and notifications forwarded to RQIA. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The manager stated that there were no current safeguarding concerns ongoing.

Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting. The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 08 August 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

An area for improvement stated for a second time in the report of the previous care inspection in regard to addressing the poor condition of the high level, exterior paintwork has not been addressed. This was identified as an area for improvement under the regulations.

Nine service users/representatives returned questionnaires to RQIA post inspection. They were very satisfied the care was safe; there was enough staff to help them; they felt protected and safe from harm; they could talk to staff if they had concerns; and the environment was safe and clean.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management.

### **Areas for improvement**

Two areas for improvement were identified in relation to the environment and the staffing arrangements.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	0



## 6.5 Is care effective?

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

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

The review of elements of three service users' care files reflected there are risk assessments and care plans in place. The review also identified that two of the three care plans had not been signed by the registered manager and one care plan had not been signed by the service user. This was identified as an area for improvement under the standards.

Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users' health and social care needs. Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Lisnamallard Industries.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

Review of elements three service users care files evidenced that individual service users agreements were in place. However these agreements were not in place in accordance with Standard 3 of the Day Care Settings Minimum Standards, 2012. This was identified as an area for improvement under the standards.

Records were made available for inspection concerning audits of the environment, staff training, complaints, accidents and incidents and evidenced that actions identified for improvement had been completed. Care records were not included in the audits undertaken in the service. This was identified as an area for improvement under the standards.

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, care reviews, service users and staff meetings.

Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the manager and review of records evidenced that service user meetings were generally held monthly. The last meeting was held on 06 November 2017 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Service users spoken with expressed their confidence in raising concerns with the day centre's staff/management. Service users knew the manager.

Discussion with staff confirmed the centre was providing a good standard of care. Discussion with staff also confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the registered manager or manager. Staff detailed the key worker and staff communication methods had ensured they provided safe and effective care, they knew what each service user needed and how best to meet the needs. Staff identified they were conscious of giving service users safe choices and encouraging independence. Staff confidently expressed their views and knowledge regarding safe and effective care and stated they would and have brought any concerns regarding the delivery of safe and effective care to the manager.

Nine service users/relatives returned questionnaires to RQIA post inspection. They confirmed they were very satisfied that the care was effective in this setting; they got the right care at the right time in the right place; the staff know their care needs; they are kept aware of their care plans; and the care meets their expectations.

### **Areas of good practice**

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

### **Areas for improvement**

Three areas for improvement were identified in relation to care records, individual service users' agreements and audit arrangements.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	3

## 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 manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users discussed the range of activities they could take part in such as arts and crafts, yoga, bowling and swimming.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

The inspector discussed the annual quality assurance questionnaires with the manager. The manager confirmed that the annual quality assurance questionnaires had not been undertaken in 2017. This was identified as an area for improvement under the standards.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "I have been coming here for a long time. I enjoy the woodwork and playing pool with my friends in the centre."
- "Staff are excellent, they are always here to help and support you."
- "I feel safe and secure here."
- "We have regular meetings, where we discuss the activities and courses we want to do. Staff are always looking at new courses and things to do and encourage us to voice our views."
- "I enjoy doing yoga and artwork when I'm here."
- "Great place to come."

During the inspection the inspector met with three care staff and an ancillary staff member. Some comments received are listed below:

- "The clients are our priority; they come first at all times."
- "We are offered lots of training and I have attended all the mandatory training."
- "We are always striving to provide the clients with a variety of outings and activities, both group and individual activities. It has been difficult on occasions to meet the clients' needs regarding individual activities due to the fact we are one member of staff down."

- “I am well supported in my role in the centre.”

Nine service users/relatives returned questionnaires to RQIA post inspection. They confirmed they were very satisfied that staff treat them with compassion, staff treated them with kindness, staff ensured they were respected and their privacy and dignity was maintained, staff informed them about their care and staff supported them to make decisions about their care.

### 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, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

### Areas for improvement

One area for improvement was identified in relation to the annual quality assurance questionnaires.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. The inspector reviewed a sample of policies and procedures. Staff confirmed that they had access to the day centre’s policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. 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. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the manager confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 07 November 2017 and minutes were available. Previous staff meetings had been undertaken on 23 September 2017 and 18 July 2017. The content recorded detailed discussions of staff being informed regarding changes to service users' needs, best practice examples, policy and procedure changes, training opportunities and potential to improve practice. The records and commentary recorded evidenced staff discussions were focussed on service users' needs and improvement. The manager confirmed that the minutes of staff meetings were made available for staff to consult.

The complaints record was reviewed. No complaints were recorded since the previous care inspection on 01 December 2016.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by an independent monitoring officer. A monitoring visit had been undertaken on 10 November 2017. Three monitoring reports were reviewed from September to November 2017. The monitoring officer reported on the conduct of the day care setting.

The inspector discussed the annual report with the manager. An annual report had not been developed in line with Regulation 17 (1), Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The manager was advised where guidance was available on the RQIA website and the matters that must be included in the report. This was identified as an area for improvement under the regulations.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Nine service users/ relatives returned questionnaires to RQIA post inspection and confirmed they were very satisfied care was well led in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

### Areas for improvement

One area for improvement was identified in relation to the annual report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Martin McGale, 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 Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Day Centre Manager has been on long term sick for the past year. Currently the Day Opportunity Manager is reviewing the staffing arrangements with Head of Service. The plan is to ensure the staffing levels are in line with Trust and RQIA regulations, and Service Users assessed needs meet the required standard of safe, effective and compassionate care.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person shall complete the annual report which is compliant with Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The report should be sent to RQIA with the QIP.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Completed report attached.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 26 (2) (d)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 31 March 2018</p>	<p>Some of the high level, exterior paintwork was in poor condition. The registered person must ensure that all parts of the day care setting are kept reasonably decorated.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Request forwarded to Estates for work to be completed. Service Manager aware of recommendation and will discuss with Head of Service at supervision.</p>

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 3.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person should ensure each service user is provided with 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, and sets out any fees or charges payable, and the arrangements for payment of these and includes all matters listed in standard 3.1.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Service User Guide has been updated to include the above necessary information. Copy of Service user guide attached.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.4 and 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person should ensure that service users' views and opinions about the running of the service are sought on a formal basis at least once a year preferably by an organisation or person independent of the service and 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.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The Client/Staff meetings take place monthly on average. This is a platform for clients to express their opinions and views and have an input into the programme of activities and general running of the centre. These meetings are minuted and are available for all clients and staff to access as they wish. The provision of Service Review(Service Review form attached) is completed by individual clients on an annual basis and this form is included in all clients notes and used to determine figures for the Annual Report. An annual report is completed at the end of the year which is kept within the Department and is accessible for all Staff and Clients. An annual report has been attached to this QIP. The monthly monitoring is completed by the Service manager and Clients views and opinions are recorded and any actions that are required are recorded on this form., with agreed responses, identifying who is responsible for taking these developments forward in a timely fashion.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2018</p>	<p>The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>Ref: 6.5</p>

	<p><b>Response by registered person detailing the actions taken:</b>                  Care plans have been audited and amendments made to ensure all care plans have been updated and provision for the required signatures added.</p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 17.9  <b>Stated:</b> First time</p>	<p>The registered person shall ensure working practices are systematically audited to ensure they are consistent with the day care setting's documented policies and procedures, and action is taken when necessary.</p> <p>Ref: 6.5</p>
<p><b>To be completed by:</b>                  28 February 2018</p>	<p><b>Response by registered person detailing the actions taken:</b>                  The Service users careplans are upated annually. Lisnamallard staff will complete an audit of all care plans (see included audit form) by the end of June 2018. The Client/Staff meeting agendas have been amended to ensure clients opinions and views on all aspects of their care and the department, have been discussed, actioned and documented.</p>

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



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