

Unannounced Care Inspection Report 10 and 11 October 2017



Age NI Anna House incorporating 'Aghalee Day Centre'

Type of Service: Day Care Setting

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Inspector: Suzanne Cunningham

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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 Day Care Setting has 30 places that are spread across two sites. The main site is Anna House which provides care and support Monday to Friday for up to 15 service users per day downstairs and the second floor of Anna House Provides care and support Monday, Tuesday, Thursday and Friday for 15 service users per day. Aghalee Day Centre is the satellite centre for Anna House and Provides care and support within the village hall on a Wednesday for up to 15 service users. The day care setting provides care and day time activities for adults who are over 65; service users may also have a physical disability, be experiencing memory loss and/or have a diagnosis of dementia.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual(s): Ms Linda Robinson	Registered Manager: Gillian Thompson
Person in charge at the time of inspection: Gillian Thompson	Date manager registered: 14 December 2010
Number of registered places: A maximum of 30 Service users per day DCS-I	

4.0 Inspection summary

An unannounced inspection took place on 10 October 2017 from 09.30 to 13.30 in Anna House and 11 October 2017 from 10.30 to 15.30; initially in Aghalee and then Anna House.

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

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

Evidence of good practice was found in relation to the management of the staff rota, staff support, the day care setting environment, care records, audits and reviews. Good practice regarding communication between service users and staff was found throughout the inspection, the ethos of the day care setting, valuing service users, taking account of the views of service users, governance arrangements, management of complaints and maintaining good working relationships.

Areas requiring improvement were identified regarding staffing arrangements, staff training, evacuation plans for service users, the statement of purpose, service user's individual records in Aghalee, the bus journey time and the effectiveness of the Regulation 28 monthly quality monitoring visits.

Service users were asked what they thought about the day care setting and overall their feedback was positive, examples of what they said were: "dead on"; "when I first came they made me feel welcome"; "this is the only day I laugh"; "it's a nice place, nice upstairs".

Two relatives were interviewed during the inspection and they gave positive responses when asked about safe, compassionate, effective and well led care in this setting, they said:

- "(staff) are lovely, wonderful, can leave (service users name) contented, he says he loves it. Staff smile, their welcoming and nothings a bother".

- The day centre is “very safe, caring and understanding. (staff) go out of their way to make everyone feel welcome. (service users name) looks forward to coming to the centre, he is positive about coming, chats, loves the company, talks about the activities and it gets him active. Staff are approachable, very well organised, the manager is always here to greet us, and service users come into a happy atmosphere. There are games, activities, nice lunch – home from home”.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	3

Details of the Quality Improvement Plan (QIP) were discussed with Gillian Thompson, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 20 and 22 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 and 22 February 2017.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received from the registered manager and Age NI
- incident notifications which revealed one incident had been notified to RQIA since the last care inspection in February 2017
- unannounced care inspection report 20 and 22 February 2017

During the inspection the inspector met with:

- the registered manager
- ten service users in Anna House
- two care staff and the senior care worker
- five service users in Aghalee
- two relatives in Anna House

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Five were returned by service users, three were returned by staff and one by a relative.

The following records were examined during the inspection:

- one staff record
- seven service users care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to October 2017
- a sample of incidents and accidents records from February 2017 to October 2017
- the staff rota arrangements during august, September and October 2017
- the minutes of service user meetings held in February; April, May, June, July, august and September 2017
- staff meetings held in January, July and September 2017
- staff supervision dates for 2017
- monthly monitoring reports from June to October 2017
- the staff training information for 2016 and 2017
- the settings statement of purpose

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

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 inspection dated 20 and 22 February 2017

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 20 and 22 February 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
Area for improvement 1	The responsible person must make appropriate arrangements to assess the	

<p>Ref: Regulation 20(1)(a)</p> <p>Stated: Second time</p>	<p>number of staff that is required to be in the setting to meet the needs of the service users. Once completed the rota must evidence the minimum staffing numbers are achieved.</p> <p>The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; and the purpose of day care setting and activities they undertake (statement of purpose).</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed an assessment of staffing had been undertaken however, the assessment did not include the needs of the service users, the arrangements for an emergency evacuation and the philosophy of care and staffing arrangements as described in the statement of purpose. This matter has been referred back to the provider and registered manager to ensure these matters are included in the assessment and the outcome.</p>		
<p>Area for improvement 2</p> <p>Ref: Regulation 17 & Schedule 3</p> <p>Stated: First time</p>	<p>The registered provider must improve the content of the annual report which must be compliant with Regulation 17 and Schedule 3.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed the annual report was available and had been improved at the time of inspection.</p>		
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p>	<p>The registered provider should put arrangements in place for staff to improve the recording of staff meetings. The minutes should demonstrate how practice is promoting safe, effective, compassionate and well led care. Actions agreed should be clearly recorded with who is responsible for the action and the time frame.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed the record of the staff</p>		

	meetings were not available and had been improved at the time of inspection.	
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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 settings daily staff arrangements and records were inspected for August, September and October 2017. This showed on a normal day in this setting there is two staff working upstairs or in Aghalee and two staff working downstairs. This staffing arrangement included the manager in the staffing compliment; therefore it is assumed is she is undertaking caring duties during day time hours not her management role and responsibilities which was observed during the inspection. In August the senior care worker was on annual leave and no replacement staff were working to fill her role and responsibilities which left two care staff, one manager and a volunteer to provide care for the service users. This reduction in staffing did not present as adequate and on a normal day the manager is required to undertake significant caring duties due to the number of service users in the setting with memory loss or dementia that are situated downstairs the service users with mobility needs on both floors. Furthermore the variation application submitted to RQIA to add dementia service users to the registration for upstairs will place further demands on staff time therefore the registered persons should assess the number of staff working in this setting to ensure at all times there is sufficiently qualified, competent and experienced persons working in the setting to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users, their needs, safety and the statement of purpose. This improvement is stated for a third time in the QIP for this inspection and failure to fully address this improvement may result in enforcement action.

It was noted in the records of staff working each day, the capacity in which they worked was recorded including who was in charge of the centre. Discussion with staff revealed they knew who was in charge of the day care setting particularly when the manager was absent. The senior care workers competency assessment was last signed in 2014 therefore advice was given to review this to ensure they were satisfied with arrangements in place, they had sufficient knowledge and had accessed appropriate training to maintain their skills in this regard.

The settings training record provided for this inspection did not detail training for 2017, discussion with the manager revealed mandatory training and training relevant to the staffs roles and responsibilities had not been organised to date for 2017 and there was no training plan in place to describe how training will be delivered in this regard for the team in Anna House. Training for staff is important because it guides and informs them how to care safely, effectively and compassionately therefore an improvement is made in this regard.

Service users said they felt safe in day care; one service user in Anna House described the setting as "safe and comfortable". A service user in Aghalee described an incident that happened in her home that left her vulnerable and in need of safeguarding support, she

described how the staff in Age NI brought in the community police to support all service users in the setting to keep themselves safe in the community. The service users all described this was useful and informative.

During the inspection observations of the environment revealed the environment presented as clean tidy and furniture presented as fit for purpose.

Fire safety precautions were inspected and it was noted fire exits were unobstructed. The fire drill for Anna House had been practiced with service users in March 2017 however a fire drill evacuation had not been undertaken in Aghalee. Fire drills ensure there are adequate arrangements in place so service users, as far as practicable, and staff are aware of the procedure to be followed in case of fire. The lack of staff knowledge regarding this was a concern. The fire risk assessment for Aghalee was made available post inspection. The fire risk assessment for Anna house was due for renewal within two weeks of this inspection, the manager was asked to discuss with the assessor the best and safest evacuation of service users upstairs in the event of a fire. This was because the lift cannot be used, there was only two staff to assist service users, one service user who was attending uses a wheelchair and there was no exit plan for this service user. The manager was asked to write up service user personal evacuation plans following the assessment to ensure service users safety if there is a fire in this setting. An improvement is made regarding improving the fire evacuation arrangements in Aghalee and Anna House.

Three staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care safe” in this setting. They identified service users were safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and have working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans were in place for service users and they receive supervision and appraisal.

Five service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “is care safe” in this setting. They identified they felt safe in the setting, the setting was comfortable; and they could talk to staff. One service user wrote “we are extremely well cared for in every way”.

One relative returned a questionnaire to RQIA post inspection. They identified their relative was safe and protected from harm, they can talk to staff about a range of matters, and the environment was suitable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of the rota, staff support, and the day care setting environment.

Areas for improvement

Areas for improvement were identified regarding staffing arrangements, staff training and evacuation plans for service users.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

The setting submitted two statements of purpose between the last inspection and this inspection, one described the service supports and cares for service users with memory loss and dementia and the other document omits this information. The registered persons have been asked to review the statement of purpose to ensure it describes a statement of the aims and objectives of the day care setting; a statement as to the facilities and services which are to be provided by the registered person for service users; and a statement as to the matters listed in Schedule 1. This should include clear admission criteria and a description of service users' needs that can be supported in this setting and that is consistent with the settings registration with RQIA. An improvement is made for the registered persons to review the statement of purpose.

Seven service user's care files were inspected in Aghalee and Anna House. The records in Anna House contained the service user's individual assessments and care plans which reflected their physical, social, and emotional needs. The service users had an individual written plan/agreement recorded which had been reviewed. The service users' individual records in Aghalee were not of the same standard, some had been audited and the action plan had not been addressed, the deficits ranged from the review not being held in appropriate timescales, care plans not being updated to service users not signing their records. The manager described this was not the standard of recording she maintained and the senior care worker had been in charge of the records. However, the registered manager has the responsibility to ensure the records are current, relevant and based on the service users most recently assessed needs, preferences and choices. An improvement is made in this regard to ensure all service users records in Aghalee are maintained in compliance with standard 7, service user's records should enable staff to recognise service users' needs and respond to them effectively.

Service users told the inspector they knew staff who care for them and described them as "kind" and "helpful". The service users in Anna House said "everyone knows about their care plan and the review".

Discussion with staff revealed examples of how they support service users in their care to live safely in the community for example facilitating safety talks and providing safety resources. Staff described this setting as a lifeline for service users and service users say this when they attend the day care setting. They identified the social environment, service users laughter, involvement and promotion of their independence keeps service users well.

Three staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users are involved in their plan, staff have the right skills, knowledge and experience to care for the service users; there are systems to monitor quality and safety; staff are informed regarding activities; and staff respond to service users in a timely manner.

Five service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified they got the right care, at the right time with the best outcome, staff communicated with them, they

know their needs and choices, staff helped and encourage them, they choose activities and were involved in their day care review.

One relative returned a questionnaire to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care effective” in this setting. They identified their relative got the right care, at the right time with the best outcome, staff communicated with their relative, they know their needs and choices, staff encouraged them to be independent, they can choose activities and were involved in their relatives day care review.

Areas of good practice

There were examples of good practice found in Anna House in relation to care records, audits and reviews. Good practice regarding communication between service users and staff was found throughout the inspection.

Areas for improvement

Two areas for improvement were identified during the inspection regarding the statement of purpose and service user’s individual records in Aghalee.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

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

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. Discussion with service users in both settings confirmed they were asked their opinion regarding what they liked to do in day care. They also identified staff had supported them with their independence, social skills and taking part in activities. One service users said “staff ask us what we want to do, they are very good that way. I can speak to staff anytime about what I want to do”.

Discussion with staff revealed they were focussed on service users’ needs and service user preferences when in day care. Examples of outings were given that included outings that extended beyond day care hours of operation, staff said they enjoy their job and will do what they need to do to meet the service users’ needs, preferences and choices. On the first day of the inspection a large group of service users were going on a boat trip to Scotland, the ones that did not want to go were doing activities of their choice with staff and were heard being encouraged to socialise with each other. One staff member said “we try to deliver the best care every day, support service users, do activities and organise outings”.

Service users had been encouraged to give their views, opinions and preferences in the service user meetings which had been held monthly and suggestions meetings. Their suggestions had resulted in activities such as arm chair exercises; games; picnics; a BBQ; lunch out; themed meals; a boat trip; a cinema trip and future theatre trips.

The annual service users' quality assurance survey had been distributed and evaluated for 2016 - 2017. A summary report with an action plan had been written which included plans to further improve person centred care in this setting.

The inspection of this domain confirmed systems were in place to promote communication between service users and staff and involve service users in their care plan.

Three staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified service users were treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive.

Five service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified they were treated with dignity and respect, staff were kind and caring, their privacy was respected, they could choose activities and they were included in decisions and support they received in the setting. One service user wrote "great centre"

One relative returned a questionnaire to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified their relative was treated with dignity and respect, staff treated their relative well, they had no concerns, they had been consulted and involved in their relatives care and staff advocate for their relative. They wrote "I don't have any issues concerning treatment by staff or manager, everything is done and all care given in a positive and professional manner".

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision twice since the last inspection. Inspection of staff meeting minutes revealed they were held three times in 2017 with minutes and attendance recorded. The content recorded detailed discussions of staff being informed regarding changes to service users' needs, best practice examples, policy and procedure changes, and activity planning. The records and commentary recorded showed staff discussions were focussed on meeting service users' needs.

The complaints record was inspected and this showed three complaints had been recorded since April 2016 to the date of the inspection. One complaint was recorded about the length of time a service user had spent on the bus, furthermore during a discussion with a service user in Aghalee they revealed they were on the bus for one and a half hours to and from the setting. The minimum standard 12.4 says "If possible, service users' journey to and from the day care setting should not normally exceed 45 minutes". Therefore the registered persons are asked to review transport arrangements to and from the day care setting to reduce, where possible, journeys that exceed 45 minutes. An improvement is made in this regard.

The manager provided audit records of care records, infection prevention and control, the environment and accidents and incidents. The records showed measures were in place to that monitored the effectiveness and quality of care delivered to service users in Anna House. The Regulation 28 monthly quality monitoring visits had been undertaken by the independent monitoring officer. The reports showed the visits were unannounced, included outcomes/action plans, and qualitatively reflected service users and staff views and opinions. Nevertheless this inspection identified gaps in compliance, some of which were identified in the monitoring reports but had not been improved and some which had not been identified for improvement. This finding indicates there is potential to improve the monitoring visits and reporting. This improvement is stated in the QIP for this inspection.

Three staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care well led" in this setting. They identified staff felt the service was managed well; quality monitoring was undertaken regularly; management responded to and acted regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings were held and communication was effective.

Five service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care well led" in this setting. They identified they felt the setting was managed well; they knew who the manager was; the staff respond well to concerns, issues or suggestions and they were asked about what they want to do.

One relative returned a questionnaire to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care well led" in this setting. They identified they feel the setting is managed well; they know who the manager is; the staff respond well to communication, concerns, issues or suggestions and they had received information about the complaints process and the setting. The relative wrote "I spoke with Gillian and she assured me (service user) care plan was kept securely in the office and I can access it along with a copy of the complaints process and service users guide any time I wish. I am completely satisfied with this arrangement".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the bus journey time and the effectiveness of the Regulation 28 monthly quality monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Thompson, registered 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>Area for improvement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: Third time</p> <p>To be completed by: 15 November 2017</p>	<p>The registered person shall make appropriate arrangements to assess the number of staff that is required to be in the setting to meet the needs of the service users. Once completed the rota must evidence the minimum staffing numbers are achieved.</p> <p>The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; and the purpose of day care setting and activities they undertake (statement of purpose).</p> <p>Ref: 6.2 & 6.4</p>
	<p>Response by registered person detailing the actions taken: Age NI had completed an assessment for the current staffing levels. It was agreed that a further assessment would be completed using a new template with RQIA who will be advised of the outcome</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: 06 December 2017</p>	<p>The registered person shall improve the fire evacuation arrangements in Anna House and Aghalee, in particular:</p> <ul style="list-style-type: none"> • A fire drill evacuation must be undertaken in Aghalee. • service user personal evacuation plans following the fire risk assessment should be written to ensure service users safety if there is a fire in this setting. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A drill has been undertaken on the 29/11/17. Service user evacuation plans are in place.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 4 & 7</p> <p>Stated: First time</p> <p>To be completed by: 06 December 2017</p>	<p>The registered person shall improve the settings statement of purpose, it should describe:</p> <ul style="list-style-type: none"> • The facilities and services which are to be provided by the registered person for service users; • and a statement as to the matters listed in Schedule 1. • This should include clear admission criteria and a description of service users' needs that can be supported in this setting that is consistent with the settings registration with RQIA. <p>The amended statement of purpose should be submitted to RQIA with the QIP.</p>

	Ref: 6.5
	Response by registered person detailing the actions taken: The SOP has been undated to reflect new client groups and submitted.
Area for improvement 4 Ref: Regulation 28 Stated: First time To be completed by: 06 December 2017	The registered person shall review the effectiveness of the Regulation 28 monthly quality monitoring visits. The visits should identify non-compliance and identify where matters have not been improved following an action plan being written and ensure improvements are acted upon. Ref: 6.7
	Response by registered person detailing the actions taken: This will now be identified on the form
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 21 Stated: First time To be completed by: 06 December 2017	The registered person shall ensure there is an annual training plan in place for staff employed to work in Anna House and Aghalee. Training delivered to staff should guides and informs them how to care for service users in a safe, effective and compassionate way. Training for volunteers should also be included in the plan. Ref: 6.4
	Response by registered person detailing the actions taken: Staff receive all required training and this will be disolayed in annew format in the centre. Volunteer training willll now be part of the same form
Area for improvement 2 Ref: Standard 7 Stated: First time To be completed by: 06 December 2017	The registered person shall improve the service user's individual care records in Aghalee. Records must be current, relevant and based on the service users most recently assessed needs, preferences and choices to ensure service user's records enable staff to recognise service users' needs and respond to them effectively. Ref: 6.5
	Response by registered person detailing the actions taken: This process is underway

<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The registered person shall review transport arrangements to and from the day care setting to reduce, where possible, journeys that exceed 45 minutes.</p> <p>Ref: 6.7</p>
<p>To be completed by: 06 December 2017</p>	<p>Response by registered person detailing the actions taken: An audit of journey times has commenced and a review of routes tec will attempt to reduce journey as much as possible.</p>

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



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