

Unannounced Care Inspection Report 17 January 2019



Crozier Lodge

Type of Service: Day Care Service
Address: 1a Meeting House Road, Banbridge, BT32 3ER
Tel No: 02840662154
Inspector: Marie Marley

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a day care centre with accommodation to provide 15 places for older people and persons with dementia. The service provides care and therapeutic activities, Monday to Friday each week. Closure takes place during statutory holidays. Further information on the day care service is reflected within the service user guide and statement of purpose.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin	Registered Manager: Mrs Iona Henry
Person in charge at the time of inspection: Iona Henry	Date manager registered: 13/12/2010
Number of registered places: 15	

4.0 Inspection summary

An unannounced inspection took place on 17 January 2019 from 09.30 to 15.00 hours.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, provision of care, involvement of service users and their relatives, leadership and management, organisation, records, safety, governance and maintenance of the premises.

Two areas that required improvement were identified and related to the overall space within the setting and the management of service users' financial transactions.

Service users said:

- "I come here Tuesday and Thursday and everybody is very friendly and kind."
- "I enjoy my dinner it is good to get a hot meal without having to cook it."
- "I enjoy meeting my friends and my knitting."
- "I come on the bus, it's great to get up and get out, I enjoy the drive no worries about icy roads or traffic."
"Love coming to Crozier Lodge, you couldn't find fault if you tried."

The findings of this report will provide the day care setting 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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Iona Henry, 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 6 July 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 06 July 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:

- Record of notifications of significant events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 06 July 2017
- The RQIA log of contacts with, or regarding Crozier Lodge Day Centre

During the inspection the inspector met with:

- Ten service users in group settings
- Two relatives
- Four care staff in individual discussions
- The registered manager

Staff were provided with ten questionnaires to distribute to service users or their relatives for completion. The questionnaires asked for service users and/or their relatives views on the service and requested their return to RQIA. Eight completed questionnaires were returned to the inspector by 31 January 2019, all from service users. The content of the responses are discussed in the main body of the report.

The registered manager was requested to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision. No responses were returned within the timescale for inclusion in this report.

A “have we missed you” card was left for display in the front entrance, to allow service users or relatives who were not available on the day to give feedback to RQIA regarding the quality of service. No responses were received. In addition a range of RQIA information leaflets were also left for information.

The following records were examined during the inspection:

- Care records for four service users, including assessments, care plans and review reports
- Four service users agreements
- Progress records for four service users

- Monitoring reports for the months of September, October, November and December 2018
- Records of three staff meetings held in August, October and December 2018
- Minutes of service users' meetings for October and December 2018
- Selected training records for staff, including staffs' registration with NISCC
- The Statement of Purpose
- Service User Guide
- Staff duty rotas
- Safety records, including fire risk assessment
- Record of notifications of significant events
- Record of complaints
- Audits completed

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 06 July 2017

The most recent inspection of the day care setting 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 06 July 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 Ref: Regulation17 (1) Schedule 3 Stated: First time	The registered person shall ensure that an annual quality report for the day care centre is developed for 2016/17 with a copy forwarded to RQIA. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Information in the returned Quality Improvement Plan along with the review of the submitted 2016/17 annual quality report confirmed this area of improvement had been	

	addressed.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.3 Stated: Second time	<p>The registered person shall ensure care plans are signed and dated by service users.</p> <p>(Where the service user is unable or chooses not to sign, this should be recorded and the basis of his or her agreement to participate noted.)</p> <p>Ref: 6.2 & 6.5</p>	Met
	<p>Action taken as confirmed during the inspection: Information in the returned Quality Improvement Plan and a review of four care records confirmed that this area of improvement had been addressed.</p>	
Area for improvement 2 Ref: Standard 18.5 Stated: Second time	<p>The registered person should ensure policies are reviewed and revised every three years.</p> <p>Ref: 6.2</p>	Met
	<p>Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan and a review of a sample of policies found that this area of improvement had been addressed. In addition all policies are available to staff on the intranet.</p>	
Area for improvement 3 Ref: Standard 8.5 Stated: Second time	<p>The registered person shall ensure the quality review report is further developed and incorporates the comments made and issues raised by service users, and any actions to be taken in response.</p> <p>Ref: 6.2</p>	Met
	<p>Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan and a review of the content of the annual quality review report confirmed this area of improvement had been addressed.</p>	
Area for improvement 4 Ref: Standard 23.7	<p>The registered person shall ensure that her time worked within the day centre is recorded within the duty roster so that staff, service users and stakeholders can be informed.</p>	Met

Stated: First time	Ref: 6.4	
	Action taken as confirmed during the ins The information in the returned Quality Improvement Plan and a review of three months duty rotas confirmed this area of improvement had been addressed.	
Area for improvement 5 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that competency and capability assessments are undertaken of staff in charge when the manager is out of the day care centre. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan and a review of the competency and capability assessments for two staff confirmed this area of improvement had been addressed.	
Area for improvement 6 Ref: Standard 5.3 Stated: First time	The registered person shall ensure that a photograph of the service user is contained within care records or a statement declining this is recorded. Ref:6.5	Met
	Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan and examination of four care records found this area of improvement had been addressed.	
Area for improvement 7 Ref: Standard 22.3 Stated: First time	The registered person should develop a supervision / appraisal tracker to enable ease of access to the manager and staff on arranged dates. Ref:6.7	Met
	Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan and a review of staff supervision records found this area of improvement had been addressed.	

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.

On the day of inspection five staff were on duty, along with the registered manager. The duty roster along with care records were examined and discussion with staff and service users established staff were sufficiently qualified, competent and experienced to meet the assessed needs of the service users.

Crozier Lodge day centre is one of three day centres managed by Iona Henry for the Southern Health and Social Care Trust. The registered manager explained that recently she had based herself in the centre more regularly as one day care worker was on long term leave. In the absence of the registered manager identified day care workers assume responsibility for the day to day management of the centre. When the registered manager is not in the centre she is in daily contact with the person in charge. Appropriate records are maintained of the arrangements in place.

The records of two identified staff left in charge of the centre in absence of the registered manager were examined and confirmed that a competency and capability assessment had been completed for them both. The inspector spoke to one of the staff members and they confirmed they were willing and capable to act up in the registered manager's absence.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. One staff member deployed from a residential setting reported on the induction provided and verified that the programme had been completed. The record of this induction was examined and found to be dated and signed by the relevant persons.

Discussions with staff confirmed that they had access to a mandatory training programme to support them in meeting the roles and responsibilities of their job. A review of the staff training records provided evidence that all training was up to date.

The day care setting's governance arrangements in place that identify and manage risk were inspected; two accidents had been recorded in the period since the previous care inspection, all of which were managed and recorded appropriately.

A review of settings policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

Service users were observed on their arrival to the centre and throughout the day, it was noted that due to a high number of service users availing of a variety of mobility aids space was cramped in one room and it was difficult for service users to move freely in the room or the corridor leading to the toilets. It was also noted that movement for three service users was restricted by a table, and was viewed by the inspector as a restrictive practice. Although this was unintentional management were requested to review the overall space within the centre with immediate effect and ascertain if other rooms in the centre could be utilised in a more

practical manner. One room was designated as a physiotherapy room and was seldom used; another room used for crafts was comprised by storage lockers and other items. In conclusion the registered person should review the layout of the premises to ensure that it can meet the assessed needs of the service users.

Management confirmed there were no current adult safeguarding investigations within the day care setting and were clear about their role and responsibility in the event of such an incident.

Safeguarding procedures were understood by staff members who were interviewed, they confirmed that practice throughout the centre was of a high standard and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff in the training programme for 2017-2018. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the Service User Guide and in the centre's Statement of Purpose. There had been no complaints in the service since the last inspection.

The registered manager and other staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users and expressed their determination to promote safe practice and, if necessary, to report unacceptable practice. All staff members expressed strong commitment to their work and confirmed that the work is enjoyable and rewarding. There was evidence that all staff had been trained appropriately for their specific areas of responsibility.

The arrangements for the management of monies that service users' contribute for their lunch within the day care setting was reviewed. Appropriate records and receipts for all financial transactions were in place, the need for each entry to be dated and signed by either the service user and the staff member or two staff if the service user is unable to sign was an area identified for improvement.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. A floor in the corridor had been lifted due to a leak and appropriate safety measures were in place. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the setting, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had access to gloves and aprons as required.

It was noted that staff adhered to safe fire practices and records examined identified that a number of safety checks had been undertaken including fire safety drills to ensure service users could exit safely, regular checks on firefighting equipment was also undertaken. A fire risk assessment was completed in 2017 with a review date for May 2019, no action was required.

Discussion with staff and two relatives to the day care setting with regards to the provision of safe care revealed the following comments:

Staff comments:

- "Safe care is maintained by observation, supervision and understanding of service users' needs."
- "We all work really well together; everyone is very supportive and always willing to help out."

- “The manager is really supportive could not ask for better.”

Relatives’ comments:

- I can leave my husband here knowing that he is safe and well cared for, it is such a relief.”
- “I believe the centre is very safe, good manager and staff.”
- “I just can’t thank the staff enough.”
- “Crozier Lodge is a godsend, no-one knows the benefits it provides until they try it.”

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives / representatives. Eight questionnaires were returned and all comments were very positive in regard to the quality of care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and management, fire safety, the physical environment, staff training, staff supervision, adult safeguarding and service user involvement.

Areas for improvement

Two areas for improvement were identified during the inspection and related to the space within the centre and the signature of two persons on financial transactions.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The centre’s statement of purpose and service user’s guide was reviewed and revealed the documents accurately reflected the elements set out in the regulations and standards.

A review of four service users’ individual care records confirmed that these were maintained in line with legislation and standards. They included a service user agreement, an up to date assessment of needs, including a range of risks assessments relevant to individual abilities, disability or condition. Care plans set out the service user’s needs in detail, along with objectives for each person’s care and the actions required to meet the agreed outcomes. Written records were kept of each service user involvement and progress at the centre. Entries were made in response to the significance of events and were in keeping with the frequency specified by the minimum standards. Records of six weekly and annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in each file examined and included the views of the service user and was informed by the written progress notes. Contact sheets recorded the involvement of families and professionals. Dates and signatures were present in all files examined. There was evidence of continuous improvement in the care planning and delivery process and regular audits of practices were completed.

Discussion with staff revealed that they felt care provided to service users within the setting was effective.

They were knowledgeable regarding service users’ needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. Staff also confirmed systems were in place to ensure any updates or changes in service users’ needs were discussed and shared as necessary.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users’ health and social care needs were met within the day care setting. There was evidence that day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner.

The Statement of Purpose and Service User Guide provided information on how to make a complaint and the importance of ensuring service users’ opinions and feedback is heard and appropriate action taken.

Discussion with staff regarding how they communicate/respond with service users who present with specific communication needs confirmed they were knowledgeable regarding person centred interventions that assured service users were involved and communication opportunities were maximised.

Discussion with staff, two relatives and nine service users with regards to the provision of effective care included the following comments:

- “Knowing the service users’ needs is vital to effective care and we ensure risk assessments are relevant to individuals and that their plan of care is up to date.”
- “Good communication is a key to effective care.”
- “I know the care is effective because -----gets so much enjoyment from coming here.”
- “Staff are quick to recognise if -----is not feeling themselves and would let me know.”

During the inspection four members of staff were interviewed individually and all expressed very positive views on the quality of service provided and on the confidence they had in the practice of their colleagues.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to referral information, risk assessments , care plans and care review audits, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect, and to fully involve services users in decisions affecting their care and support.

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

Staff were observed on numerous occasions, offering service users' choice regarding the activity they wished to do, where they wished to go or what they wanted to eat or drink. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with was knowledgeable regarding service users likes, dislikes and individual preferences.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. In discussions with several service users, they were able to identify forthcoming activities planned based on their individual choice or what had been agreed as a group activity. On the day of inspection service users were involved in knitting, cookery, reading the paper, a quiz and bingo. There was evidence from discussion with service users that staff successfully motivate people to participate in a range of activities that have positive outcomes for health and well-being.

Staff described daily informal arrangements in place that ensured service users are consulted and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews and the quarterly service user meetings. A sample of the minutes of these meetings were reviewed and it was good to note that service users were able to make decisions regarding how they wished to celebrate occasions, activities and other social events they wanted to participate in.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey and a report of the findings dated July 2018. During the monthly monitoring visits the views of service users are also sought and reflected in the report of the visit. This was evidenced in the sample of monitoring reports examined.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note the range of information available to service users and their carers. On the day of inspection, leaflets on various topics, such as flu information, how to access services, how to complain was displayed throughout the centre.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- "I enjoy coming here and chatting about different things."
- The staff are very caring, great girls."
- "I feel I am treated very well".

Relatives consulted on the day stated:

- My ----- has only started here, initially I was very apprehensive, but everyone is so kind and willing to listen and reassure me."

- “I have absolutely no concerns Crozier Lodge is a great place, people are treated so well.”

In discussion at lunch time five service users confirmed they enjoyed their meals, and staff were noted to assist service users in a sensitive discreet manner.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users and relatives / representatives. Eight completed questionnaires were returned and responses were all positive.

Areas of good practice

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

Areas for improvement

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

	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 inspector assessed the setting’s leadership, management and governance arrangements in place to assure they are meeting the needs of service users. The day centre is managed on a day to day basis by a senior day care worker supported by the registered manager who has responsibility for three centres within the trust area. There was a clear organisational structure and this information was outlined in the setting’s Statement of Purpose.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the registered manager and senior day care workers and from effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally, however they stated this would be unlikely due to the transparent working relationships that existed within the team. From the discussions with staff it was evident they enjoyed working in the day care setting and with their colleagues.

Discussion with the acting senior day care worker confirmed that they had a good understanding of their role and responsibilities under the legislation. The registration certificate was up to date and displayed appropriately.

The day care setting had a range of policies and procedures in place to guide and inform staff, these are also available to staff electronically. A sample of policies and procedures reviewed on the day of inspection revealed that they had been reviewed within the timescales outlined in the minimum standards.

A review of staff supervision records identified that staff were in receipt of formal supervision on a quarterly basis and annual appraisals had been completed. Staff consulted on the day confirmed that supervision was supportive and held regularly.

The complaints records maintained by the day care setting evidenced that there had been no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager.

There was evidence that staff meetings were held on a quarterly basis and records were maintained. The records included who was in attendance and agenda items. Relevant information was discussed regarding the needs of service users and the arrangements to ensure delivery of safe and effective care.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The acting senior day care worker discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. They confirmed that no issues regarding equality had been raised by service users to date.

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

- Effective communication
- Service user involvement
- Equal care and support
- Individual person centred care
- Individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information. A range of policies and guidance was in place to direct and guide staff.

There were arrangements in place to ensure that staff were registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. Staff were aware that any lapse in their registration would result in them being sent off duty.

The inspector confirmed there were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The day care settings annual report was available for April 2018 to August 2018, it incorporated the results of the annual service users' satisfaction survey which were noted to be positive and included an action plan and improvement opportunities.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these were mainly unannounced visits. Three quality monitoring reports were sampled for October, November and December 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive

feedback recorded. Issues and actions were brought forward from previous monthly quality monitoring reports. It was suggested that a report on the action taken in relation to identified improvements/actions made in the previous visit would be beneficial. The registered manager agreed to discuss with the senior management team.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users (5) and relatives / representatives (5). Eight questionnaires were returned and all responses were noted to be positive.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Iona Henry, 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.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

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

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	
Area for improvement 1 Ref: Regulation 26 (2) (a) Stated: First time To be completed by: 31 March 2019	The registered person shall review the overall space within the centre to ensure that it can meet the identified needs of the service users. Ref: 6.4 Response by registered person detailing the actions taken:
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 11.5 Stated: First time To be completed by: 31 March 2019	The registered person shall ensure financial transactions are signed by the service user and staff member or if the service user is unable to sign two staff signatures are obtained. Ref: 6.4 Response by registered person detailing the actions taken:

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)