

# Unannounced Care Inspection Report

## 15 May 2018



## Larne Adult Centre

**Type of Service: Day Care Setting**  
**Address: 72 Ballymena Road, Larne, BT40 2SG**  
**Tel No: 02828270950**  
**Inspector: Marie McCann**

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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 is a day care setting with 84 places that provides care and day time activities for people with learning disabilities with additional needs such as sensory impairment, mental health needs, dementia, behaviours which require support, complex physical health needs and autistic spectrum disorder. The day care setting is open Monday to Friday and is managed by the Northern Health and Social Care Trust (NHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Mrs Linda Montgomery
<b>Person in charge at the time of inspection:</b> Mrs Linda Montgomery	<b>Date manager registered:</b> 25 May 2018
<b>Number of registered places:</b> 84	

### 4.0 Inspection summary

An unannounced inspection took place on 15 May 2018 from 09:00 to 17:00

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

The inspection determined if Larne Adult Centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff management; adult safeguarding; risk management; care records; effective communication; the provision of compassionate care; governance arrangements and quality improvement.

There were no areas requiring improvement identified.

The findings of this report will provide Larne Adult Centre 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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Linda Montgomery, manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 07 July 2017

No further actions were required to be taken following the most recent inspection on 07 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:

- unannounced care inspection report dated 07 July 2017
- incident notifications which evidenced that nine incidents had been notified to RQIA since the last care inspection on 07 July 2017
- information and correspondence received from the manager and the Northern Health and Social Care Trust (NHSCT)

During the inspection the inspector met with the manager, three day care support workers, five service users, a visiting relative and a visiting community social worker.

The following records were examined during the inspection:

- Three service users' individual care records
- Two staff individual personnel records
- The day centre's complaints/compliments recorded from July 2017
- Staff rota information for April 2018
- A sample of minutes of service users' meetings dated 26 April 2018 and 16 January 2018
- A sample of minutes of staff meetings dated 3 May 2018, 21 March 2018 and 11 August 2017
- A sample of incidents/accidents for April 2018
- Fire safety checks which included a sample of; weekly fire alarm tests, daily check of all exit routes, monthly fire door and fire equipment checks
- A sample of monthly quality monitoring visit reports from August 2017 to April 2018
- Whistleblowing Policy, 2018
- Adult Safeguarding Policy, 2017
- Complaints Policy, 2016
- The Statement of Purpose, April 2018
- The Service Users Guide February, 2018

At the request of the inspector, the manager was asked 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 received.

Ten service user and/or relatives' questionnaires were provided for distribution; one questionnaire from a service user was returned to RQIA within the timeframe for inclusion in this report.

The findings of the inspection were provided to Mrs Linda Montgomery, manager and the locality manager, at the conclusion of the inspection.

The inspector would like to thank the manager, service users, staff and visitors to the day care setting for their support and co-operation throughout the inspection process.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 07 July 2017**

The most recent inspection of Larne Adult Centre was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 07 July 2017**

There were no areas for improvement made as a result of the last care inspection.

## **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, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for April 2018 evidenced that the planned staffing levels were adhered to. Records showed the staff working each day, the capacity in which they worked and who was in charge of the centre. Discussions with the manager and the staff who were consulted confirmed that the staffing levels were appropriate to meet the assessed needs of the service users. A number of service users had complex needs and some required one to one support from staff, or exceptionally, two to one staff support for one service user. One service user's care and support was provided in a porta-cabin building adjacent to the main premises. The manager confirmed that this arrangement is reviewed regularly in consultation with the service user, their carers and the multi-disciplinary team. Staff continue to support the service user to access activities within the main day care setting at a pace the service user is comfortable with.

A competency and capability assessment had been completed for the staff member in charge of the centre in the absence of the manager. A 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 and was willing to undertake the role. It was positive to note that this assessment was subject to review. Discussion with the manager confirmed that the staff member had sufficient experience and was knowledgeable regarding

the day care setting regulations and standards. The manager advised that the development of a new role of learning disability nurse day care worker within the last year had been a beneficial addition to the skill mix in the staff group and had enhanced what the centre could provide for service users.

The manager confirmed that staff employment records were held within the Northern Health and Social Care Trust (NHSCT) human resources department and that all appointments made were in keeping with the Trust policy/procedures, legislation and day care standards.

Two staff induction records were examined. It was noted that staff complete a corporate and departmental induction, with the induction components to be met at varying intervals having been signed off by both parties. Improvements had been made in the more recent induction process revised in 2017, which included adult safeguarding and the NISCC standards. The manager advised that the induction process is intended to be adapted further in the coming months.

The manager advised that the day care setting has had to utilise agency staff to ensure appropriate staffing levels to ensure safe and effective care is provided service users. The manager described the importance that is placed on endeavouring to provide a consistent staff group who know the service users and have the relevant knowledge and skills to support them. Therefore agency staff are block booked and several have worked in the day care setting for many years as a result. Recruitment process was currently underway for several permanent posts.

Discussion with staff confirmed that mandatory training and other professional development was provided. The manager maintained a training matrix and provided evidence of regular training needs analysis. A review of the training matrix confirmed staff mandatory training was up to date with except of two training sessions planned with two staff within the next few months. There were training opportunities provided in addition to mandatory training requirements, such as Dysphagia, Promote awareness and Sensory Support training.

Staff spoken with on the day of inspection confirmed that the induction and ongoing training they received provided them with the skills and knowledge to fulfil their roles and responsibilities.

Observation and discussion with staff on the day of inspection evidenced that they were committed to promoting service users independence as appropriate, while being aware of the importance of keeping service users safe and being fully aware of potential risk for each service user. Staff described how they were encouraged to continuously reflect on the care and support provided to the service users. To understand and identify triggers when service users expressed their feelings through self-harming or physically harming behaviour towards others, with the aim of improving the management of such incidents. The inspector observed a situation on the day of inspection when a service user presented as agitated; staff engaged with the service user in a calm and supportive manner. Early intervention and evidence of good understanding and knowledge of the service user's needs led to an effective de-escalation of the situation.

The day care settings governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, the locality manager and the NHSCT governance department. There was evidence that the manager

undertook a monthly audit of incidents to ensure follow up of any outstanding actions. A review of the incidents for April was undertaken by the inspector, this identified that staff were vigilant of service users wellbeing within the day care setting and demonstrated effective and timely liaison with community keyworkers, carers and the adult safeguarding team as necessary. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

All staff providing care and support to service users in the day care setting are required to be registered with the Northern Ireland Social Care Council (NISCC) or as appropriate the Nursing and Midwifery Council (NMC). The manager confirmed that information regarding registration and renewal dates was maintained by the NHSCT social care governance department who generate an email to the staff member and manager advising when a renewal date is pending. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC/NMC registration has lapsed.

The manager confirmed that when restrictive practice is required to maintain the safety of a service user, it is appropriately minimised, assessed, documented and reviewed with the involvement of the service user as appropriate, their carers and the multi-professional team.

Discussion with the manager and staff spoken with on the day of inspection clearly demonstrated knowledge of their specific roles in relation to adult safeguarding and their obligations to report concerns and maintain factual records. Staff were aware of the Adult Safeguarding Prevention to Protection in Partnership, July 2015 regional guidance and the associated Operational Procedures; and the organisation has an identified Adult Safeguarding Champion (ASC). The manager confirmed that staff have access to a flow chart which provide guidance on the procedure for reporting adult safeguarding concerns, which they receive on appointment and which is also displayed in each activity room.

A review of the day centre's environment was undertaken and the day centre was found to be warm, free of odour and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and walk ways were clear and free from any obstructions. The manager confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users. 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 unit, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had effective access to gloves and aprons as required. The nurse day care worker was identified as the infection control link with the NHSCT infection control nurse who undertakes regular audits in the day care setting.

Records examined identified that a number of safety checks had been undertaken including fire safety drills to ensure service users could exit safely and weekly fire alarm tests. It was noted the last full evacuation drill was undertaken on 10 January 2018. A fire risk assessment was completed on 01 July 2017 and the manager confirmed the action plan was addressed. It was positive to note that in addition to staff receiving fire safety training as part of their mandatory training programme, service users also received fire safety training in April 2018.

Discussion with service users, staff, a visiting relative and one professional on the day of inspection revealed that they felt the care provided was safe. The following is a sample of comments made:



**Service user comments:**

- “It’s a great place.”
- “There is nothing I would like to change but it isn’t fair staff have to clean as well as do everything else.”

**Staff comments:**

- “We have discussions with the manager to reflect on any issues or incidents and look at areas for improvement.”

**Relative’s comments:**

- “It is comforting to know that xxxx is safe when in the day centre, she enjoys attending and the activities.”

**Visiting professionals’ comments:**

- “Staff have a good attitude and there are good communication links with the multi-disciplinary team, staff follow policy and procedures and keep us advised of any relevant information or concerns.”

One service user questionnaire was returned to RQIA. The response indicated that they were very satisfied that the care provided was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff competency, staff training, infection prevention and control, adult safeguarding and risk management.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

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

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. The inspector recommended that the Statement of Purpose was updated to reflect the specific additional needs service users attending the day centre may have. The updated Statement of Purpose was forwarded to RQIA following the inspection and was found to be satisfactory.



The inspector reviewed elements of three service users' care files; they contained service users' written agreements, individual assessments and risk assessments as relevant and care plans. There was evidence of regular reviews undertaken. Although it was noted that one formal day care review was outstanding, discussion with the manager confirmed that this was due to unavoidable issues beyond the influence of the service and that staff were in the process of organising another appropriate date. However the service user did have a recent periodic service review involving the multi-disciplinary team which incorporated a review of the day care services as part of the service users overall care and support plan.

Service user needs and activity levels were varied in the day care setting, services were therefore provided in six separate group rooms and in several other parts of the premises for individual work with services users, as directed by the service users. Some service users were observed moving around the setting independently and confidently initiating communication with staff. Other service users were less active and needed more support from staff to communicate their needs and wishes and to participate in activities.

Observations of practice on the day of inspection evidenced staff were confident and effective in their communication with service users and adapted their communication methods as necessary with individual service users depending on their needs and mood. Staff were observed to be vigilant to nonverbal cues as well as verbal communications. The inspector observed interventions that were proactive and timely to resolve the escalation of potentially difficult situations.

During discussions with staff they were able to fully describe the needs of individual service users and reflected on the assessments and guidance provided by the multi-disciplinary team to ensure care and support provided was safe and effective. These included assessments and care plans from Occupational therapists, Physiotherapists, Speech and Language Therapists, the Positive Behavioural Support Service and mental health support services. It was positive to observe and listen to the high level of knowledge staff had with respect to the person centred care needs of the service users.

The manager and staff also described how they worked with service users to develop activity programmes that were individual to them and worked towards achieving their goals within day care as well as ensuring service users had enjoyment and fun from the activities. In addition to the communal space, several service users had individual areas that they freely used as and when they needed it or to engage in specific activities. Discussions with service users who were able to communicate verbally, about what they were doing in the day care centre provided assurances they knew what activity they were going to take part in, and they were happy to do so and that they could choose an alternative activity if they so wished.

Staff stated that there was effective communication with each other and the manager to ensure that safe and effective care was provided to the service users. Staff reported that if there was a change in a service user's need or important information to be shared it would be discussed at the daily morning team meeting and discussed by the day care worker allocated to specific group rooms. The daily meeting also agreed roles and responsibilities each day for the staff team. The inspector noted on review of a sample of the records of the daily morning meeting, that on occasions information recorded was scant, the inspector was unsure if on those occasions the records didn't reflect specific service user updates or if there was no relevant information to share. The manager agreed to address this with the staff team and the notes are to reflect if no information was required to be shared.

In discussions with staff they demonstrated knowledge of how to escalate concerns and how to link in with the multi-disciplinary team as needed at the request or on behalf of service users.

Observation and discussion with the manager revealed records were stored safely and securely in the day care setting, in line with data protection. The manager advised that they will be liaising with the NHSCT senior management team regarding the introduction of the General Data Protection Regulations (GDPR).

Discussion with service users, staff, a visiting relative and one professional on the day of inspection revealed that they felt the care provided was effective. The following is a sample of comments made:

**Service user comments:**

- “I’m never bored here.”

**Staff comments:**

- “We are always trying to be inventive with activities.”

**Relative comments:**

- “Staff are wonderful.”
- “A communication book is used by staff and myself to record any relevant information about xxxx, it works very effectively.”

**Visiting professionals’ comments:**

- “Carers at reviews always speak very positively about the day centre.”
- “The day centre has a good variety of activities.”

One service user questionnaire was returned to RQIA. The response indicated that they were satisfied that the care provided was effective and wrote “I really enjoy me time at the centre.”

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 centre's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. The manager confirmed each service user had a personal timetable with choices and as applicable physiotherapy treatment. Service users were observed being afforded choice, dignity and respect during the inspection process. Staff spoken with reflected the ethos of the day care setting which promoted choice and an awareness of giving service users' safe choices to encourage independence. On the day of inspection each group room had a different activity planned, observations of service users taking part in activities showed participation was good.

The manager confirmed that service users have a choice of three options for lunch each day and support is given as necessary with some service users at meal times. Staff demonstrated awareness of individual speech and language recommendations, where applicable. For service users requiring enteral feeding the nurse day care worker evidenced robust records of the systems in place to ensure safe and effective management of the process. Staff were not permitted to administer enteral feeding until they have been assessed as competent.

A range of activities were noted to be provided in the day care setting such as arts and crafts, cookery, drama, music therapy, media club "You Scene It", Zumba and tag rugby. With the support of staff, service users were enabled to engage and participate in meaningful activities which incorporated some of the service user's specific hobbies and interests. The day care setting also took opportunities to hold small celebrations for service users' birthdays. The manager described how one service user had always wanted to work in Asda and staff were able to help organise this for the service user, which resulted in a positive impact on their general emotional wellbeing.

There was evidence of well-established links between the day centre and the local community. Service users attended the local leisure centre for football, they have two choirs including a Makaton choir, who perform at local nursing homes at Christmas and recently won an award in April 2018 in the Larne music festival.

Service users' and as appropriate their carer's consultation is evidenced in the records of the care planning and the review process. Staff described informal arrangements in place that ensured service users were consulted and their views and opinions sought on a daily and weekly basis within each group room. The inspector observed service users approaching staff freely and communicating their needs and making requests, with staff responses being cheerful and appropriate. Several service users who were able to communicate verbally spoke positively about the care staff and described good working relationships, which enabled them to be able to speak to staff if they had any concerns. They were able to identify their keyworker and who the manager was.

More formal arrangements to promote effective communication with service users and/or their carers were evidenced to be facilitated through initial and annual care reviews, regular service user meetings and a parent group. A sample of the minutes of service user meetings were reviewed, the minutes were in a user friendly easy read format that included written and pictorial information. Service users held the role of chairperson, vice chair and secretaries. It was positive to note that a memo was sent to services users providing details of the next meetings and asking for agenda items. The manager confirmed the process in place for sharing the minutes of service user meetings within each room during weekly discussions. The inspector however suggested that the minutes of the service user group meetings should be amended to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at the next meeting.

It was positive to note examples of documentation provided in easy read formats, such as Service User Guide, information leaflets for the advocacy group and how to make a complaint.

Discussion with service users, staff, a visiting relative and one professional on the day of inspection revealed that they felt the care provided was compassionate. The following is a sample of comments made:

#### **Service user comments:**

- “Staff are lovely.”
- “Staff are very nice.”

#### **Staff comments:**

- “xxxx is at the centre of everything we do.”

#### **Relative comments:**

- “Staff always seem very kind.”

One service user questionnaire was returned to RQIA. The response indicated that they were satisfied that the care provided was compassionate.

#### **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.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 was managed on a day to day basis by a manager and an acting senior day care worker, with six day care workers and day care support workers.

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

Following discussion with the inspector the Statement of Purpose for the day care service was reviewed and updated by the manager June 2018. A review of this document post inspection found it to be satisfactory. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

Discussion with the manager identified that she had good understanding of their role and responsibilities under the legislation. Staff who were interviewed also demonstrated awareness of their roles, responsibility and accountability.

Staff confirmed they had access to a range of policies and procedures in place that they used to guide and inform their practice. These policies and procedures were accessible to staff electronically.

The manager could describe the processes in place to develop and maintain effective working relationships with NHSCT representatives and other relevant services. A review of documentation and discussions with a visiting professional evidenced that the day care manager and staff promote good working relationships and refers to or consults with a wide range of appropriate professionals when relevant.

Discussion with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff had recorded individual, formal supervision at least every three months and a recorded annual appraisal. The manager and staff both described positive working relationships and effective team work. The inspector observed staff sharing tasks and working together to respond to service user's assessed needs during the course of the inspection. Staff described the manager as supportive and good working relationships were encouraged by the manager's open door approach. Staff stated "the support you receive from the management is amazing" and "they really look after staff". Staff could describe how they would respond to concerns about the performance of a colleague and knew how to access the whistleblowing policy.

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 2017 to March 2018. 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 reports were available to be examined since the last inspection, with the exception of April 2018 which was forwarded to RQIA following the inspection. The visits were a mixture of announced and unannounced visits and were undertaken by senior management who were knowledgeable about the day care setting.

Four quality monitoring reports were sampled for October 2017, January 2018, February 2018 and April 2018. The reports evidenced engagement with service users and staff. Of the reports sampled feedback from relatives and professionals was not achieved as none present at time of visit. The reports provided a review and audit of the conduct of the service and actions were brought forward from previous monthly quality monitoring reports and outcomes reviewed. Several service users had a formal intervention plan citing the assessed need for restrictive practices; however they were not reflected within the monthly quality monitoring visit report. When this was discussed with the manager following inspection, it was suggested that as these were part of the service users care plan they were not reflected and it was typically only unplanned restrictive practices or interventions that were recorded in the monthly quality monitoring visit report. It was agreed that all restrictive practices would be reflected including those that were agreed as part of formal intervention care plans and evidenced that the restrictive practices were reviewed regularly.

The manager confirmed that regular staff meetings were held generally every three months, in addition to the daily staff meeting, and records verified this. Records maintained included the date of the meeting, names of those in attendance and minutes of the discussion. As previously discussed with respect to the service users meeting minutes, the manager agreed that the record of minutes would be improved to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at the next meeting.

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 manager. Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The day care setting's complaints policy reviewed was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Review of the day centre's complaints formed part of the monthly quality monitoring visit. A complaints record was available to review within the service which recorded the management of complaints. There was evidence that five complaints had been received since July 2017 and that appropriate action had been taken to resolve complaints at a local level were possible and escalated when necessary to the locality manager and the NHSCT Complaints department.

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 manager discussed the ways in which staff development and training enabled staff to engage with a diverse range of service users. The locality manager advised that the NHSCT introduction of new mandatory training via e-learning "Good Relations and Human Rights, Making a Difference" will be a beneficial addition

to staff training. The manager 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
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed.

One service user questionnaire was returned to RQIA. The response indicated that they were very satisfied that the care provided was well led.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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