

Unannounced Care Inspection Report 6 March 2019



Manor Centre

Type of Service: Day Care Service
Address: Manor Drive, Lurgan, BT66 8QD
Tel No: 02838328896
Inspector: Maire 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 setting that provides care and day time activities for up to forty three service users with a learning disability and one service user with a physical disability. The day care setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual(s): Mrs Shane Devlin	Registered Manager: Mr Darren Campbell (registration pending)
Person in charge at the time of inspection: Melvyn Purdy	Date manager registered: Mr Darren Campbell (application received 26 October 2018 - registration pending)
Number of registered places: 44	

4.0 Inspection summary

An unannounced inspection took place on 6 March 2019 from 10.00 to 16.00.

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, training, provision of care, involvement of service users and their relatives, leadership and management, organisation, records, safety, governance and maintenance of the premises.

Three areas requiring improvement was identified during this inspection and related to signatures on induction records, improving the frequency of supervision and reinforcing the whistleblowing policy.

Service users said;

- “I love here, staff are good to us.”
- “I like the choir, and everything else.”
- “I feel safe in the Manor centre.”

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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Darren Campbell manager and Melvyn Purdy assistant 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 14 December 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 December 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
- the previous inspection report and QIP dated 18 and 19 September 2017
- the RQIA log of contacts with, or regarding Manor Centre

During the inspection the inspector met with:

- five service users individually
- spoke to seven service users in their activity
- the manager
assistant manager
- two senior day care workers
- four day workers

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. No completed questionnaires were returned to the inspector within the timeframes for inclusion in this report.

The 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 completed questionnaires were returned within the timescales 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 user's agreements.
- Progress records for four service users.
- Monitoring reports for the months of November, December 2018 and January 2019.
- Records of staff meetings held in October, November 2018 and January 2019
- Minutes of service users' (Advocacy) meetings for December 2018 and January 2019.
- Selected training records for staff, including staffs' registration with NISCC.
- The Statement of Purpose.
- Service User Guide.
- Staff duty rotas for the November, December 2018 and January 2019.
- 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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 December 2017

The most recent inspection of the day care setting was an unannounced care type 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 14 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 31 (h) Stated: First time	The registered person shall submit to RQIA, without delay, a signed application for variation to the registration of the Manor Centre to reflect the changes to the services provided. This should be submitted within 28 days. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Information in the returned QIP, along with a review of information examined prior to the inspection confirmed that a variation application had been received by RQIA in January 2018.	

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.

Manor Centre day care setting is managed by Darren Campbell whose registration with RQIA is pending; the manager confirmed he had submitted to RQIA the outstanding documents requested recently to complete his application for a registered manager. Mr Campbell has been in post since September 2018 and is assisted by two assistant managers, and a team of day care support workers, support workers and a clerical officer. The manager is also responsible for a further two day centres within the Southern Trust area and time is allocated to each centre. The hours the manager allocates to the Manor centre is recorded on the duty roster. It was good to note that the duty roster contained the staff member's name, job title; hours worked and also included the number of staff that should be on duty to ensure safe care is delivered.

On the day of inspection the planned number of staff and skill mix on duty was sufficient to meet the needs of service users. The duty roster was examined and discussion with staff established that staffing had improved recently. Management reported that staffing levels had been problematic over the past year created mainly by staff leaving the service and some long term unplanned leave. To assist with the staffing deficit the Trust had availed of agency staff

to fill vacant posts. Four agency staff were deployed on the day of inspection and had been consistently placed in the day centre and were fully familiar with the routines of the centre. There was evidence that staff on duty were sufficiently qualified, competent and experienced to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users, safety needs and the statement of purpose. The manager reported that a recruitment drive held throughout the Trust had been successful and the centre would be filling their vacant posts on completion of pre-employment checks.

Records examined confirmed that competency and capability assessments for staff who acted up in the manager's absence had been completed. The inspector spoke to a staff member who assumed responsibility for the centre in the absence of the manager and they confirmed they were willing and capable to act up as and when required.

The SHSCT corporate recruitment and selection policies and procedures were in place and management confirmed that all records in regard to the recruitment process are maintained in the Trust's Human Resources department. Records of two agency staff were examined and confirmed that pre-employment information, training and identification had been received prior to the staff taking up position.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. Records pertaining to two agency staff that commenced duty in November 2018 and January 2019 were examined and confirmed a comprehensive induction had been undertaken. These staff members reported on the induction provided and verified that the programme had been completed and assisted them to understand their roles and responsibilities. The fire induction records examined required to be dated and signed appropriately and are an area identified for improvement.

Discussions with staff revealed that the centre closed for five days to enable mandatory training programmes to be completed, additional training was provided throughout the year. A review of the staff training records found that all staff had a training and development plan in place and these documents provided evidence that mandatory training was up to date.

The day care setting had arrangements in place to identify and manage risks, there had been two reportable incidents recorded in the period since the previous care inspection, a review of the records confirmed that all accidents and incidents reportable and not required to be reported had been managed in a timely appropriate manner.

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).

Staff discussed the restrictions in place regarding some individuals who require additional support to ensure they remained safe. It was evident that staff were aware of their responsibility to ensure all decisions were in the best interest of the service user and was the least restrictive to support each individual whilst assuring their safety.

It was noted during the inspection that service users responded to staff approaches positively and were accepting of their support, additionally staff presented as familiar with individual service user's needs, personality and methods of communication. Staff were observed responding to everyone in a quiet, respectful manner. Assistance when provided was discreet

and it was evident that staff knew when to offer assistance that enabled participation yet ensured service users independence was promoted. This was very evident during observation of the Makaton choir which was led by the Speech and Language Therapist., it was good to see staff fully engaged in the activity and using the Makaton signs.

Service users spoken to during the inspection described the building as a secure, safe place to come to and expressed that staff were always available and willing to assist them as and when required.

The manager confirmed there was a current adult safeguarding investigation within the day care setting, the records examined found safeguarding procedures had been implemented and the management team were clear on their role and responsibility in the process. Records examined showed there was some delay in staff reporting their concerns about a colleague and management had addressed this in staff meetings by reinforcing the whistle blowing policy and reassuring staff that any concerns would be addressed sensitively. The inspector suggested the management team take a more pro-active role in promoting whistle-blowing. This might include discussion in individual supervision sessions to encourage staff to air any concerns, provide support and share responsibility and ensure any concerns are addressed in a timely manner. Management were very responsive to the suggestion. Management were aware that the outcome of the investigation should be forwarded to RQIA.

Safeguarding procedures were understood by staff members who were interviewed, they confirmed that that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff in March 2018 and further dates had been scheduled for 2019. 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 manager and other staff members, who met with the inspector, expressed their determination to promote safe practice. Staff consulted confirmed that they were fully aware of their responsibility to report unacceptable practice and demonstrated knowledge of the whistle blowing policy and the reporting mechanisms they could follow. All staff members expressed strong commitment to their work and confirmed that the work is enjoyable and rewarding.

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. 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.

The SHSCT had issued a Fire Prevention Safety and Arson Prevention Policy in November 2018 and it was good to see that the policy had been discussed during staff meetings. It was noted that staff adhered to safe fire practices and records examined identified that a number of regular safety checks on firefighting equipment had been undertaken. The last recorded fire evacuation was undertaken in December 2018. A fire risk assessment was completed on 9 March 2016 and was reviewed on 22 March 2017 with a further review date for March 2019. There was evidence that the recommendations contained within the report had been addressed.

Discussion with staff with regards to the provision of safe care revealed the following comments:

Staff comments:

- “I feel we provide very good care here, the management team are very approachable and listen to the team views.”
- “We try to make this a safe environment.”
- “There is good communication here and we know our service users really well that is so important to ensure the safety of service users and staff.”
- “This is a great centre.”

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives/representatives. There were no questionnaires returned within the timeframes for inclusion in this report.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection of this domain and related to signatures in induction records.

	Regulations	Standards
Total number of areas for improvement	0	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 was reviewed and revealed the document accurately reflected the elements set out in the regulations and standards. A copy of the statement of purpose was submitted to RQIA following the inspection and was found to contain the details specified in Regulation 4.

It was good to note that the service user’s guide was in pictorial form and had been developed with the assistance of the Speech and Language team and reviewed in February 2019; one minor error was noted in the document and was and corrected on the day.

A review of four service users’ individual care records confirmed that these were maintained in line with legislation and standards. The records included referral information, a service user agreement, an up to date assessment of needs, including a range of risks assessments and a detailed care plan.

It was noted in the records examined that each service user had an agreement in place and these were signed and dated by the service user or their representative. The agreements were in pictorial form.

Progress records were maintained of each service user and entries were made in response to the significance of events and were in keeping with the frequency specified by the minimum standards. In addition and when appropriate a personal care/assistance provided chart was in place and detailed the care/assistance provided, time provided and by whom. Staff reported that this enabled them to respond quickly to any queries a family member may have regarding personal care.

Records of 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 files examined and included the views of the service user and/or their carer and was informed by the written progress notes.

A record of the contact and involvement of families and professionals was maintained. Records examined were signed and dated. There was evidence that a regular audit of care documentation was undertaken.

During discussions staff revealed that 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 discussed the systems 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.

A student social worker on placement described the care observed as "very compassionate, staff knows their service users really well, I have seen them giving people lots of choices and they address service users with respect." The student was undertaking a survey with service users on the four RQIA inspection domains.

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. Information on "We value your views" was displayed around the centre.

Staff were observed communicating with service users in a range of ways that included Makaton, Light reader, Communication boards and gestures, these interactions between staff and service users throughout the inspection demonstrated that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities were maximised.

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

Staff comments:

- “Manor centre is a very good centre, really good atmosphere, staff get on really well and the training we get is excellent.”
- “I believe we know our service users really well and this is so important to deliver care that is effective and suited to each individual.”
- “The agency staff are great and we are so lucky that they fitted in so well and are now just part of the team.”
- “When I started here I found staff very supportive and really good at explaining routines and service users’ needs, given time to read care plans which was so important.”

Service User comments:

- “I love it here.”
- “Staff help me.”
- “Dinners are good, I like them and you can choose what you want to eat.”
- “I love it here I have friends and I like all my activities.”

Professional comments:

- “The staff are excellent at promoting Makaton, they follow our guidance in regard to dysphagia assessments and report immediately any concerns, the centre is very good, I have never seen or heard anything that would cause me concern.”

During the inspection five members of staff in total were interviewed and all expressed very positive views on the quality of service provided.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to referral information, assessment of needs and risk assessments, audits of records, 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 service 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.

There were effective communication systems in place to ensure that staff had up to date information about the care and support needs of each service user. This included daily briefs, and staff meetings to discuss individual needs or changes to their care plans. Staff also had access to a range of best practice guidance along with The Day Care Minimum Standards and the five Good Communication standards. Staff evaluated and regularly updated care plans and attended annual care reviews.

Staff were observed on numerous occasions offering service users choices regarding activities, their lunch and hot and cold drinks, staff were observed assisting service users as and when needed or directing and guiding them as necessary. 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 knowledgeably about 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 the activities they enjoyed and throughout the day staff were observed to stimulate and encourage service users to participate in a range of activities that promoted positive outcomes for their health and well-being. The range of activities provided was displayed in each group room and contained a good balance of individual, group and internal and external events. Recent occasions celebrated included "Pancake Tuesday, Burns Celebrations and Valentine's Day.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through care reviews and monthly service user meetings. A sample of the minutes of these meetings were reviewed and provided evidence of service user involvement in the decision making process. As previously stated in the report a student social worker was undertaking a satisfaction survey with service users and was using a variety of aids to communicate with all service users.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken in 2017/2018 and reported on in the Annual Quality Report 2018. The report addressed the elements as specified in Regulation 17 and it was good to note the action plan contained the timescales for completion of the identified improvements. Staff and service users were looking forward to a carer's celebration event that was organised for 19 March 2019, this provided an opportunity for carers to meet with staff, learn what went on in the centre and mix and gain support from each other.

A review of the records of the monthly monitoring visits found that the views of service users and their carers were sought on each occasion and reflected in the report of the visit. The records were maintained in accordance with Regulation 28 and were found to be satisfactory.

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.

Responses from service users with regards to the provision of compassionate care were positive and included the following comments:

- "I really love it here, staff are really good to us."
- "Staff are brilliant I like them all."
- "I like doing different things but like drawing the best."
- "Staff look after me."

In discussion service users confirmed they enjoyed their meals and during observation of the lunch period staff were noted to supervise and assist service users in a sensitive discreet manner.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

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 the maintenance of records.

Areas for improvement

No areas for improvement were identified during the inspection of 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 Statement of Purpose for the day care service was reviewed and updated by the provider in October 2018. 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.

The inspector assessed the setting's leadership, management and governance arrangements to ensure they were meeting the needs of service users. The day centre is managed by the manager who also has management responsibility for a further two day care centres within the SHSCT. The manager's registration is pending with RQIA and it was confirmed that all outstanding documentation had been submitted. In the absence of the manager the assistant manager or a designated day care worker assumes management responsibility and is supported by a team of support staff. There was a clear organisational structure and the management arrangements were outlined in the setting's Statement of Purpose. The duty roster detailed the hours the manager allocated to the Manor day care centre and indicated the person in charge in their absence.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by care staff in respect of leadership they received from the manager and senior management team. Staff also spoke of good working relationships within the team. They confirmed that if they had any concerns or suggestions they could raise these with the management team. In discussion with staff it was evident they had knowledge of the whistleblowing policy and the reporting systems available to them.

Discussion with the management team and day care workers 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 examined 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 noted that there were some gaps due to unplanned or planned leave. It was good to note that dates had been set for the forthcoming quarter however management must ensure staff are in receipt of individual formal supervision at least quarterly. This is an area identified for improvement. Annual appraisals had been completed.

The complaint records maintained by the day care setting evidenced that there had been no complaints since the previous inspection in December 2017. 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.

There was evidence that regular staff meetings were held and records of the meetings were maintained. The minutes of staff meetings for October and December 2018 and January 2019 were reviewed, the record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care. Action plans were in place and detailed the action to be taken, the person responsible for the action and the timescale.

The inspector discussed the measures in place in relation to promoting 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 them to engage with a diverse range of service users. It was 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 are arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. It was confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

The inspector confirmed there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and were available for inspection. These included health and safety audits, audits on care records, staff training, supervision, NISCC registration.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these were mainly unannounced visits. Three quality monitoring reports were sampled for November and December 2018 and January 2019. The reports were found to be satisfactory and included the views of service users, representatives and staff.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

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

One area for improvement were identified during the inspection of this domain and related to the frequency of supervision.

	Regulations	Standards
Total number of areas for improvement	0	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 Darren Campbell, manager, and Melvyn Purdy assistant 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 Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 21.8 Stated: First time To be completed by: 30 April 2019	<p>The registered person shall ensure fire induction records are appropriately signed and dated.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>
Area for improvement 2 Ref: Standard 22.2 Stated: First To be completed by: 30 April 2019	<p>The registered person shall improve the frequency of individual formal supervision for each staff member.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p>

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



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