

# Unannounced Care Inspection Report 24 October 2017



## Beech Hall Centre

**Type of Service: Day Care Setting**  
**Address: 21 Andersonstown Road, Belfast, BT11 9AF**  
**Tel No: 02895049395**  
**Inspector: Suzanne Cunningham**

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

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a Day Care Setting with a maximum of 35 service users who receive day care and day time activities for adults living with a physical disability, sensory disability and/or learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual(s):</b> Mr Martin Joseph Dillon	<b>Registered Manager:</b> William Briggs
<b>Person in charge at the time of inspection:</b> William Briggs	<b>Date manager registered:</b> William Briggs - acting manager since 16 July 2015
<b>Number of registered places:</b> 35 - DCS-A, DCS-LD, DCS-PH, DCS-SI	

### 4.0 Inspection summary

An unannounced inspection took place on 24 October 2017 from 09.30 to 16.00 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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to: staff competency; induction; staff support; risk management; the day care setting environment; care records and reviews; communication between service users and staff; the ethos of the day care setting; listening to service users; governance arrangements; management of complaints; and maintaining good working relationships.

Areas requiring improvement were identified in relation to: staffing arrangements; competency assessments for staff covering in the manager's absence; registered manager arrangements; the organisation and delivery of activities; the written agreement; care planning documentation; and the Regulation 28 monthly quality monitoring visits and reporting.

Service users said during the inspection:

"We feel safe here because of the generosity of staff"; "I can get about safely, easy access"; would ideally like bigger, wider spaces, we need space for wheelchairs that are getting bigger". "I'm happy I can talk to staff but staff are not about and William (manager) is busy"; "staff are tied up with providing care (specific care for service users with high dependency needs), so not in the rooms facilitating activities". "I get taught different things, I have hope for the future". Overall the feedback complimented the setting however service users were in agreement staffing numbers were low and this was impacting on availability of staff to deliver activities. One service users raised the rooms and corridors could have been bigger for wheelchairs

however, they acknowledged there is little that can be done now and confirmed at this stage they can move around the setting in their wheelchair.

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

#### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with William Briggs, acting 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 15 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 February 2017.

#### 5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received from the registered manager and Belfast Health and Social Care Trust
- incident notifications which revealed two incidents had been notified to RQIA since the last care inspection in February 2017
- unannounced care inspection report 15 February 2017

During the inspection the inspector met with:

- the registered manager
- ten service users
- two care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Five were returned by service users, six were returned by staff and none by relatives.

The following records were examined during the inspection:

- four individual staff records
- four service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to October 2017
- a sample of incidents and accidents records from February 2017 to October 2017
- the staff rota arrangements during August; September and October 2017
- the minutes of service user committee meetings held in May, August and October 2017
- staff supervision dates for 2017
- monthly monitoring reports from February to September 2017
- the staff training information for 2016 & 2017
- the settings statement of purpose and service user guide.

Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded for one as met and one as not 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 15 February 2017

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 15 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19(1)(a) <b>Stated:</b> First time	The registered provider must ensure that a recent photograph of each service user is kept in his or her records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed by inspecting a sample of four service users' individual files that photographs were present on each record at the time of inspection.	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time	The registered provider should review and revise the format for care plans should so that they are more user-friendly and have the greatest possible potential for motivating service users to pursue specific, measurable, achievable and timely goals. Prior to the introduction of the PARIS system, the care plan format was better suited to its purpose.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector identified that on reviewing a sample of four service users' individual files that this had not been improved. The manager reported the trust were not able to make these changes on PARIS. The registered persons are again asked to ensure the format of the care plan is improved so it is accessible for all service users in this setting; as described in the standard.	

**6.3 Inspection findings**

**6.4 Is care safe?**  
  
**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The settings daily staff arrangements and records were inspected for August, September and October. This provided evidence that on average between six and nine staff were on duty daily. During September staffing reduced to four when the manager was not in the setting. The manager acknowledged four staff was not adequate staffing and suggested service user's numbers would have been lower that day. There was no evidence this had happened. The management arrangements must be strengthened to ensure in the absence of the manager there is a protocol or procedure in place that guides staff left in charge of what to do if staffing reduces below what has been assessed as a number adequate to provide safe, effective, compassionate care. If staffing falls below what the staffing assessment has identified is safe minimum staffing; actions taken to address this should be recorded as evidence that care is safe, effective, compassionate and well led at all times. An area for improvement is made in this regard.

Competency and capability assessments for staff who act up in the manager's absence had been completed for day care workers and four records were inspected. This identified two of the staff who may be in charge were willing to undertake management tasks, understood and had the knowledge to fulfil their role and responsibility in the absence of the manager. The

other staff had not signed the assessment. The inspection found there were two types of competency assessments; the older one specified that staff should monitor staffing levels are adequate at all times, in contrast the latest agreement only specified staffing absences should be processed. Staff covering in the managers absence must identify and act if care is not safe, effective, compassionate or well led and ensure the conduct of staff is consistent with the standards and regulations. To ensure staff acting in the absence of the manager is competent and clear regarding their role and responsibility the competency process should be reviewed and improved and this is detailed in the QIP.

Staff described they felt staffing numbers were low; they felt they were busy when on duty and acknowledged they were not able to have a presence in all the activity rooms due to staffing arrangements, therefore some service users were independently doing activities in rooms. Observation of the setting and discussion with service users revealed service users with specific care and intensive needs had staff with them to meet their needs; and staff said they would make themselves available for the independent group of service users when needed. Service users were observed moving around the setting, communicating confidently and were selecting and organising their own activity. Whilst staff should promote and encourage service users to be independent this must be in the context of adequate staffing numbers to ensure care is effective in all areas of the premises. Staffing arrangements should meet fire safety requirements and meet service users' needs and plans. The manager and service user committee members advised they had made representations to the trust regarding their concerns that staffing numbers were too low for care to be effective. In conclusion adequate staffing numbers were not clearly evidenced during this inspection and an area for improvement is detailed in the QIP to ensure staffing numbers are reviewed.

Review of the current management arrangements revealed that the acting manager had not applied to be registered manager for this setting and there were no plans for this to be progressed. The acting manager had been acting in this role for over two years since 16 July 2015. Acting arrangements are a temporary arrangement to allow for a new manager to be recruited and apply for registration. A registered manager is required to be in place for every registered setting and therefore an area for improvement is made to ensure RQIA receive a registered manager application without delay.

There was an induction programme in place for all grades of staff which included the trust induction, checklist of duties staff undertake in the day care setting which were appropriate to specific roles and rooms and the competency type induction (NISCC's Induction Standards). The records provided evidence staff were given the right level of knowledge, skill and understanding to provide safe, effective and compassionate care.

The settings training record demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2016/2017 were safeguarding; personal safety and disengagement training (behaviour management training); CPR and first aid and data wise and data secure. Discussion with staff during inspection revealed staff regarded training as important because it guided and informed them how to care safely, effectively and compassionately. Staff were concerned that the low staff numbers may impact on their ability to attend training. Discussion revealed staff were knowledgeable regarding their role and responsibility in this day care setting.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

During the inspection, observations of the environment and inspection of records revealed the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, that the fire drill had been carried out in the last 12 months and the fire risk assessment was not due for review until June 2018.

Six staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” to “Satisfied” regarding questions on “is care safe” in this setting. They identified they felt satisfied that staff were employed in sufficient numbers to meet the needs of the service users, staff had been inducted and had received all mandatory training. Staff had received safeguarding training and all staff were aware of their responsibility to report any concerning or unsafe practice. Comments made were: “Staff work extremely hard to provide responsive compassionate person centred care, however staffing pressures continue to present problems given the high level of complex service users requiring personal care”; “Would like to see a full staff rota”; “I personally feel that staffing levels are not always adequate to meet the required needs throughout the day centre, all staff present do work extremely hard to do as much as possible to ensure good care is provided”.

Five service users returned questionnaires to RQIA post inspection. Three identified they were “Very Unsatisfied to Unsatisfied” and two identified they were “Very Satisfied to Satisfied” regarding the questions “is care safe” in this setting. The concerns regarding safety were there were not enough staff. They wrote “it would be good to have more staff, the staff do their best”; “I think we need more staff”. This response was consistent with discussions with service users on the day of the inspection who suggested more staff were needed to ensure service users were supported to be involved in a range of activities for example craft groups, a ladies group, getting them on their feet and taking part in exercise and swimming. Service users were in agreement the activity schedule had suffered due to staff shortages. Service users discussed they are now used to supporting each other because there is not enough staff. Standard 9 details what activities should be as a minimum for example varied, flexible, allows for service users choice, and are purposeful. Service user feedback and observation indicates this setting should improve their compliance with this standard and an improvement is made in this regard in the QIP.

### **Areas of good practice**

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

### **Areas for improvement**

Areas for improvement were identified regarding staffing arrangements; competency assessments for staff covering in the manager’s absence, registered manager arrangements and the organisation and delivery of activities.



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

### 6.5 Is care effective?

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

The centre's service user guide contained information required by Regulations and Standards and the content was consistent with the settings registration with RQIA.

Four service users' care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. However, the care plan was displayed and written in a technical format that was not in plain English or accessible for service users. This was identified for improvement in the last inspection and no progress had been made, therefore this is stated for a second time in the QIP. The individual written plan/agreement was not present in the service user individual records, this document should be in place, should confirm the day service is suitable and appropriate to meet the service user's needs, and set out arrangements to do this. An improvement is made in the QIP to ensure the agreement is in place for every service user.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Service users reported that they knew staff in the setting, so if they had a concern or worry about their care they could talk to any staff including the manager who would help them to resolve their concern. They gave examples of when staff had helped them, however they all agreed staffing had reduced and needs of service users had increased; therefore staff could not spend the same amount of time with them that they used to.

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

Six staff returned questionnaires to RQIA post inspection, they identified they were "Satisfied" regarding questions on "is care effective" in this setting. They identified they believe that all services users had been assessed and were in the right place for their needs to be met, staff were kept informed of changes to service user care plans, referrals/treatment to/from other

agencies and professionals was dealt with promptly and the service has good working relationships with other professionals/agencies.

Five service users returned questionnaires to RQIA post inspection. One identified they were unsatisfied and four identified they were “Satisfied” to “Very Satisfied” regarding questions on “is care effective” in this setting. They identified they had got the right care, at the right time in the right place; staff know their care needs, they were aware of their care plan and the care met their needs. One wrote “I like the art groups”.

**Areas of good practice**

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

**Areas for improvement**

Two areas for improvement were identified during the inspection regarding the written agreement and care planning documentation.

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

**6.6 Is care compassionate?**

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

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. However, the low number of staff on duty resulted in not all groups having a staff member with them. Service users were disappointed that staff were not available but recognised they were able to make decisions independently and were mobile; therefore were safe. Comments made were “we just sit here and activities are suffering because of staff shortages”; “staff are supportive and friendly” and “I get a lot of pleasure attending here, staff go out of their way to help us”; and a service user said they had enjoyed the relaxation classes, being in the garden and bingo, they described it was great to get out of home and wouldn’t miss it.

Service users confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for their plan. Service users who were responsible for the service user committee discussed they meet with the manager regularly to discuss activities and how the centre can be improved. A sample of the minutes provided evidence the committee had met with the manager and discussed the service users’ views, preferences and ideas.

Staff gave examples of activities they had facilitated for service users of all abilities which was informed by service users suggesting what they wanted to do. They acknowledged staffing arrangements were not ideal and if service users were able to be on their own they were being encouraged to be independent.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals however the opportunity to do this was hindered by the low number of staff in the setting.

Six staff returned questionnaires to RQIA post inspection, four they identified they were “Very Satisfied” to “Satisfied” and one identified they were “Unsatisfied” regarding questions on “is care compassionate” in this setting. They identified staff treated them with kindness; respect them and maintain their privacy and dignity; inform them about their care; and support them to make decisions about their care.

Five service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care compassionate” in this setting. They identified they are treated with dignity and respect, staff are kind and caring, their privacy was respected, they can choose activities and they are included in decisions and support they receive in the setting.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to 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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months. Inspection of staff meeting minutes revealed they were held monthly with minutes and attendance recorded. The content recorded detailed discussions of staff being informed regarding changes to service users’ needs, best practice examples, policy and procedure changes, training opportunities and potential to improve practice. The records and commentary recorded showed staff discussions were focussed on service users’ needs and improvement.

The complaints record was inspected and this showed three complaints had been recorded since the last inspection; these had been responded to and did not reveal any ongoing concerns that would negatively impact on the care provided.

The manager provided monthly audit records of supervision, care records, infection prevention and control, and the environment. The records reflected that measures were in place that monitored the effectiveness and quality of care delivered to service users in this setting. The manager had also set up exploratory visits for service users referred to the service to ensure the referrals met the statement of purpose and the service user’s expectations.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions. The content did not reflect the level of concern expressed by staff, service users and the manager regarding low staffing numbers. The monitoring visit and report should report on the conduct of the setting this had not been done. An improvement is made in the QIP in this regard.

Six staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” to “Satisfied” regarding questions on “is care well led” in this setting. They identified there is a culture of staff empowerment and involvement in the running of the service, a culture of learning and upskilling, a culture of continuous quality improvement and all staff are encouraged to bring forward new ideas and innovations. Managers/leaders are approachable and open to whistleblowing or raising concerns.

Five service users returned questionnaires to RQIA post inspection. Four identified they were “Satisfied” to “Very Satisfied” and one identified they were “Unsatisfied” regarding questions on “is care well led” in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views are sought about their care and quality of service and they know how to make a complaint. One wrote “William always listens and helps”.

**Areas of good practice**

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

**Areas for improvement**

One area for improvement was identified during the inspection regarding the Regulation 28 monthly quality monitoring visits and reporting.

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

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with William Briggs, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure

that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20(1)(a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 December 2017</p>	<p>The registered person shall make appropriate arrangements to assess the number of staff that is required to be in the setting to meet the needs of the service users. Once completed the rota must evidence the minimum staffing numbers are achieved.</p> <p>The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; the purpose of day care setting and activities they undertake.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 9 &amp; 10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 December 2017</p>	<p>The registered person shall take appropriate action to ensure there is a registered manager in this setting without delay.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The application has been submitted which will ensure that Beech Hall has a registered manager.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 28(4)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 December 2017</p>	<p>The registered person shall improve the Regulation 28 monthly quality monitoring visits to ensure they monitor and report on the conduct of the setting.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The import of the monthly monitoring reports are regularly reviewed through the peer support network. It is evidenced in the documentation that staffing levels are addressed on each monthly visit. Each report is then provided to the relevant manager in a timely fashion in order that any concerns can be addressed.</p>

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 March 2018</p>	<p>The registered person shall review and revise the format for care plans so that they are more user-friendly and have the greatest possible potential for motivating service users to pursue specific, measurable, achievable and timely goals. Prior to the introduction of the PARIS system, the care plan format was better suited to its purpose.</p> <p>Ref: 6.2 &amp; 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A working group across all day centres has been established to focus specifically on the referral process and administrative frameworks required to meet the minimum standards. This will include the care plan documentation. A specific element of the work is to agree a care plan that can be inputted on to PARIS. It is imperative that this is service user friendly. Given that this will not be achieved prior to the 31<sup>st</sup> of March 2018 Beech Hall Centre will revert back to the previous care plan format.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 17.1; 17.2, 23.2, 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 December 2017</p>	<p>The registered person shall review the competency arrangements and assessment completed with staff who act up in the managers absence. The process must ensure staff are competent and willing to undertake duties that assure care is safe, effective, compassionate and well led at all times staff acting up should have specific guidance regarding what to do if staffing numbers fall below the safe number.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Day Care Workers have agreed and signed the competency framework which will be utilized to facilitate the safe management of the day centre in the absence of the manager and senior day care worker. Each staff member will participate in a rota to ensure of their awareness of these responsibilities if the situation arises. Critically this will address safe staffing levels and the reporting mechanisms for same.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 December 2017</p>	<p>The registered person shall ensure the activity plan and activities delivered are compliant with this standard.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Within the building there is a visible weekly timetable of activities. There is a varied choice offered everyday both internal and external. This works well however this can be subject to change regarding staff numbers, transport etc. Staff at the centre welcome new suggestions for activities from the service users and try to facilitate these if possible.</p>

	<p>The centre manager meets every 4 -6 weeks with the service user committee who represent the views of the service users. Part of these meetings are to discuss ideas, suggestions and opportunities suitable for the service users who attend the centre.</p>
<p><b>Area for improvement 4</b>   <b>Ref:</b> Standard 3   <b>Stated:</b> First time   <b>To be completed by:</b>  19 December 2017</p>	<p>The registered person shall ensure each service user has an individual written plan/agreement on their service user individual record. This document should confirm the day service is suitable and appropriate to meet the service user’s needs, and set out arrangements to do this.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>  All service users now have an up to date service user agreement and this will be reviewed as individual needs arise or at the individual's yearly review.</p>





The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

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