

# Unannounced Care Inspection Report 02 February 2017



## Arden Centre

**Type of service: Day Care Service**  
**Address: Scroggy Road, Limavady, BT49 0AR**  
**Tel no: 02877722123**  
**Inspector: Louise McCabe**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Arden Centre took place on 02 February 2017 from 10.30 to 16.30 hours.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

On the day of the inspection the day care setting was found to be delivering safe care. Observations of care practices provided evidence there was a culture of ensuring service users were safe and protected from harm. The acting manager provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were being maintained. There were no areas for quality improvement relating to safe care identified during this inspection.

### **Is care effective?**

On the day of the inspection it was assessed that the care in Arden Centre was effective. Discussions with a total of five service users and review of documentation including individual service users' care documentation provided evidence the care was effective. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. One area for quality improvement relating to effective care was made as a result of this care inspection. This concerns assessments.

### **Is care compassionate?**

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed to respond to service users' needs and requests promptly and professionally. Discussions with five service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There was one area identified for improvement in this domain as the result of this inspection. This was regarding the minutes of service users' meetings.

### **Is the service well led?**

On the day of this inspection the review of a random sample of documentation provided some evidence of effective leadership, management and governance arrangements e.g. regular staff meetings; audits of formal supervision and annual appraisal and audits of care information in service user's care files. There has been no registered manager in Arden Centre since August 2014. An acting manager is in place and the Trust plans to have a new registered manager in post in the centre by 1st May 2017. The culture in Arden Centre was focused on the needs of service users. This inspection identified four areas for quality improvement in this domain. These matters concern the centre's annual quality review report; systematic audits of service user's care files; monthly monitoring visits and their reports; and the minutes of staff meetings.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Irene Smyth, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 09 June 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Western HSC Trust/Mrs Elaine Way CBE	<b>Registered manager:</b> Ms Irene Smyth (acting manager)
<b>Person in charge of the service at the time of inspection:</b> Ms Joan Butler (care staff responsible for the day care setting in the absence of the manager from 10.30–11.30 hours) Irene Smyth (acting manager, from 11.30 hours to the end of inspection).	<b>Date manager registered:</b> There has been no registered manager in Arden Centre since August 2014.

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- Previous care inspection report
- Records of notifiable accidents and untoward incidents received by RQIA from 10 June 2015 to 02 February 2017 (five were randomly sampled).

Specific methods/processes used in this inspection include the following:

- Discussion with the acting manager

- Discussion with five service users
- Discussion with two care staff
- Discussion with a visiting professional
- Examination of records
- File audits
- Evaluation and feedback.

The acting manager was provided with twelve questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; two staff members and five representatives for their completion.

The questionnaires asked for service user, staff and representative's views regarding the service, and requested their return to RQIA. Three questionnaires were returned; one service user; one staff and one relatives questionnaires were completed. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (one was randomly sampled)
- Compliments record (five were randomly sampled)
- Accident/untoward incident record (five were randomly sampled)
- Elements of three service users care files
- Minutes of three staff meetings
- Minutes of three service users' meetings
- Staff training information
- Three monthly monitoring reports.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 09 June 2015

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and processed by the care inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 09 June 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 20(1)(a) and (b) <b>Stated:</b> First time	The Trust has recently undertaken a review of day care service provision. The registered persons must carry out a review of staffing arrangements in Arden Centre and record on the completed quality improvement plan the outcome of this review regarding:	<b>Partially Met</b>

	<p>(a) The 'acting' manager position which commenced in August 2014;</p> <p>(b) The arrangements to replace the current vacant band 5 post as this person is the current acting manager.</p> <p><b>Action taken as confirmed during the inspection:</b>  There has been no registered manager in Arden Centre since August 2014. Ms Irene Smyth has continued to be the acting manager. An email from the Western HSC Trust on 15 December 2015 had said the Assistant Director is "hoping to finalise arrangements early in the new year" (of 2016). Another email on 23 May 2016 had stated the "permanent manager post for Arden Centre...will be advertised in the near future...we are optimistic that permanent positions will be filled during the summer" (of 2016). The Trust has reviewed staffing arrangements across day services in the Trust and this had gone out for consultation. An email on 22 February 2017, informed RQIA the Trust is in the process of recruiting a permanent Band 8a post regarding the overall management of six identified day centres (including Arden Centre). The Trust anticipates that the new Band 8a individual will be in post by 1st May 2017 and stated "One of their priorities will be to finalise permanent staffing structures for each centre and to recruit permanent staff... which will include the permanent manager post in Arden Centre."</p> <p>RQIA were informed the temporary vacant Band 5 post in Arden Centre should be filled by the end of February 2017. The Trust is asked in the QIP of this report for an updated action plan with timeframes on when the manager post in Arden Centre will be filled.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 26 2(c) and (n)</p> <p><b>Stated:</b> First time</p>	<p>With regards to the identified exercise equipment; the registered persons must ensure:</p> <p>(a) The equipment is subjected to electrical safety inspection and testing in line with the provisions of the Electricity at Work Regulations, and records are retained accordingly.</p> <p>(b) Risk assessments are completed on all service users wishing to use the exercise equipment.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The equipment was tested for electrical safety on 10 June 2015. Service users were asked to provide an approval letter from their GP to use the equipment. After consultation and agreement from service users, the equipment was subsequently moved to another building so the room could be used by service users for other things.</p>	
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Last type e.g. care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 5.2 and 5.3</p> <p><b>Stated:</b> First time</p>	<p>The manager should ensure each service user has an individual comprehensive care plan which includes details of:</p> <ul style="list-style-type: none"> <li>• Any personal outcomes sought by the service user</li> <li>• The daily care, support, opportunities, services and facilities provided to the service user</li> <li>• How specific needs and preferences of the individual are to be met by the service, including any outreach activity and how it will be managed</li> <li>• The service user's daily and weekly programme</li> <li>• The management of any identified risks (including how any safeguarding concerns to or for the service user should be addressed)</li> <li>• Transport arrangements to and from the service which are aimed at maximising independence</li> <li>• Strategies or programmes to manage specified behaviours</li> <li>• Progress against objectives and expected outcomes is being achieved.</li> </ul> <p>The care plan is signed and dated by the service user, the member of staff responsible for completing it and the manager.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The acting manager revised the quality of information in service user's care plans. This now includes the management of any identified risks. Three service user's care files were randomly reviewed during this care inspection. There was evidence provided that all three were compliant</p>	<p><b>Met</b></p>

	with the relevant matters stated above.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 5.6 <b>Stated:</b> First time	<p>The manager should ensure the care plan is kept up to date and reflects the service user's current needs. Where changes are made to the care plan, the service user, member of staff making the changes and the manager sign and date the revised care plan. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p><b>Action taken as confirmed during the inspection:</b>  The review of three service user's care plans verified compliance with Minimum Standard 5.6.</p>	<b>Met</b>
<b>Recommendation 3</b> <b>Ref:</b> Standard 8.4 and 8.5 <b>Stated:</b> First time	<p>The registered persons should ensure service users' views and opinions about the running of the service are sought:</p> <p>(a) On a formal basis at least once per year. This quality assurance questionnaire should cover all aspects of the service's day care provision including the quality of:</p> <ul style="list-style-type: none"> <li>• Transport</li> <li>• Activities/classes/groups</li> <li>• How they are treated</li> <li>• Environment.</li> </ul> <p>(b) Ensure an evaluation report is completed that contains any areas identified for action, timeframes for same and who is responsible for these.</p> <p>(c) The subsequent evaluation report for the following year should detail a summary of the action/s taken from the previous year.</p> <p><b>Action taken as confirmed during the inspection:</b>  The most recent annual service users' survey was completed in September 2015. The survey encompassed all of the areas above and an evaluation report was completed specifying the matters in (b) above. An annual survey had not been completed in 2016. This recommendation will be stated for a second time in the QIP of this report.</p>	<b>Partially Met</b>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 15.5</p> <p><b>Stated:</b> First time</p>	<p>The manager should ensure that the annual review report completed with the service user contains all of the relevant information stated in standard 15.5.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The annual review reports of three service user's day care placement were examined during this care inspection. One of the three reports contained relevant information stated in Minimum Standard 15.5. The other two reports contained some of the information. Information about any changes in their situation; if there had been any important events, or accidents and incidents in the past year was missing from the review reports. This recommendation will be stated in the QIP of this report for a second time.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 17.6 and 17.8</p> <p><b>Stated:</b> Second time</p>	<p>The manager should review Arden Centre's statement of purpose so it includes:</p> <p>(a) An accurate complaints process in line with current guidance and the Trust's complaints policy</p> <p>(b) The sizes of rooms in the centre.</p> <p>The manager must also ensure Arden Centre's service users guide contains a summary of the statement of purpose and includes all of the information stated in standard 1.2.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Arden Centre's Statement of Purpose and Service Users' Guide were examined during this inspection. They had been reviewed by the manager on 30 March and 05 June 2016 respectively and contained the information stated above.</p>	<p><b>Met</b></p>

#### 4.3 Is care safe?

Policies and procedures were in place in Arden Centre which promoted the safety of service users. They were indexed, dated and ratified by the registered person.

On the day of the inspection no restrictive care practices were observed.

The acting manager detailed the current daily staffing levels for Arden Centre. There is usually

a manager and two care staff meeting the assessed needs of the service users. The acting manager informed the inspector she is currently acting as a Band 8a for the next six weeks responsible for the overall management of six identified day care facilities in the Western HSC Trust. Another designated person will then act as a Band 8a following this. If the acting manager is absent from the day service, a support worker, occupational therapist or a staff nurse from the Trust's mental health recovery team are deployed to work in Arden Centre. With regards to the monthly monitoring visits of Arden Centre; the acting manager is aware that she is not to undertake monthly monitoring visits of a centre she currently manages.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities.

A review of five accidents and untoward incident records which had occurred since the centre's previous care inspection showed these had been responded to and managed appropriately. The acting manager stated there were no current or ongoing safeguarding concerns with service users in Arden Centre and restraint has not been used with service users since their previous care inspection. The acting manager is aware of their responsibility to notify RQIA of reportable incidents concerning Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 17.14 of the Day Care Settings Minimum Standards (January 2012).

Care staff were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. Confirmation was obtained via a review of staff training records that they had attended safeguarding vulnerable adults training in the previous two years.

The recruitment and induction documentation concerning an identified individual was reviewed during this care inspection. The Trust's Human Resources department provided confirmation that all legislative matters were adhered to and all relevant records are retained by this department. The Trust's induction documentation had been fully completed by the individual; it was comprehensive and compliant with Minimum Standards. The induction records had been signed and dated by both the individual and the acting manager.

The walk around Arden Centre showed fire exits were not obstructed; there were no health and safety hazards and infection control issues observed. The day care setting was appropriately heated, clean, tidy and suitable for and accessible to service users, staff and visitors. There were displays of service user's art and crafts in the main room used by them.

Discussions with five service users concluded they felt safe in Arden Centre.

Review of three completed RQIA questionnaires verified that everyone was 'very satisfied' that the care provision in Arden Centre was safe.

### **Areas for improvement**

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

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

Discussion with care staff and the acting manager established the day care setting had responded appropriately to and met the assessed needs of the service users.

Three service user's care files were reviewed during this inspection. There were photographs of each service user in their respective care file, or a statement declining this. Copies of written agreements were in place in the respective service user's care files. All three service user's care files contained general and risk assessments. The risk assessments had been dated in this last year; however the general assessments were dated in April 2012, May and July 2015. There was no evidence to show these had been reviewed in the previous year. Improvements are needed to ensure compliance with Minimum Standard 4.

There was evidence that risk and other assessments informed the care planning process and were integrated into the three care plans. All three care plans were compliant with Minimum Standard 5. Positive comments were shared with the acting manager on the improvements made regarding care plans in the previous year.

Review of three service user's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. Two of the three service user's annual review reports were not compliant with Minimum Standard 15.5. This is discussed in section 4.2 of this report.

Discussions with five service users confirmed they were encouraged and enabled to be involved in the assessment, care planning and review process.

It was observed during this inspection that records were stored safely and securely in line with data protection.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, regular service users and staff meetings. Discussion with care staff and the visiting professional confirmed management operated an open door policy in regard to communication within the day care setting.

One area of dissatisfaction in the day care setting's complaints record was reviewed during this inspection and provided evidence of compliance with Minimum Standard 14.

A random review of five compliments concluded positive comments about the quality of care provision in Arden Centre.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

Three RQIA questionnaires were returned and provided evidence that everyone was 'very satisfied' that the care provision in the day care setting was effective.

#### **Areas for improvement**

One area for quality improvement was identified during the inspection regarding this domain and regards service user's general assessments.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.5 Is care compassionate?

Discussions with five service users described they are treated with compassion, kindness and respect by staff and the acting manager. They stated they are listened to, supported, valued and communicated with in an appropriate manner. Service users also said they are involved in decision making during their time in the centre.

Discussion with staff concluded they have a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Interactions between care staff, a student and a service user were observed to be relaxed and friendly. Other service users were out of the centre on outreach activities during this inspection.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them via informal one to one meetings; service users' meetings and annual review meetings.

The acting manager said service users' meetings take place on a monthly basis. The minutes of three meetings were reviewed during this inspection. These were dated 30 November, 02 December 2016 and 23 January 2017 and specified the topics discussed but did not detail a summary of the discussions or if action was needed. This is an identified area for improvement.

RQIA met with one service user during this inspection and had telephone discussions with an additional four service users. It was concluded service users are happy with the quality of care provision in Arden Centre. Examples of some of the comments made by service users are:

- "This place is unbelievable and has helped me a lot. The staff are great, I wouldn't be here today if it wasn't for them. They listen and they help me and give me support."
- "It is magnificent, the staff are brilliant, so helpful if you have a problem or are not feeling well. I don't think I'd be alive today if I didn't have the help they give me. They are very supportive."
- "Arden Centre has helped to keep me alive because I have been very unwell. I get good help and advice from the staff. They are all very good and encourage us to get involved in things. Arden Centre has been a great help and support. The staff reassure me, this centre is perfect."
- "I think the staff and clients are good. We need the Arden Centre to help us get out and about. It gets me out of the house. The staff listen to us."
- "Coming here gets me out of the house and it's a great help to me. The staff take the time to listen, they are more than good."

All three completed RQIA questionnaires stated everyone was 'very satisfied' that the care in Arden Centre was compassionate.

## Areas for improvement

There was one area identified for improvement in this domain during this inspection. It regards the minutes of service users' meetings.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.6 Is the service well led?

Refer to section 4.2, requirement 1 for details of the current management arrangements in Arden Centre. This is an identified area for improvement and the requirement is stated for a second time in the QIP of this report.

Discussion with one care staff concluded they have a good understanding of their role and responsibilities under the legislation and Minimum Standards. Staff had a clear understanding of the organisational structure. The staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

RQIA's registration certificate of the day care setting was displayed on a wall in the reception area of the centre.

Discussion with one care staff confirmed that staff meetings are held every three months in Arden Centre and a random sample of the minutes of three staff meetings (20 September, 11 November and 02 December 2016) verified this. The minutes of these meetings contained brief headings of the topic discussed; there was no summary of the discussions that occurred or if any action was identified with timescales and who was responsible. Improvements are needed in these records so they are compliant with Minimum Standard 23.8.

The acting manager also attends weekly meetings with other representatives in the Trust's recovery team. RQIA met with a visiting professional who is part of the Trust's recovery team. The individual commented positively about the quality of the day service in Arden Centre and stated there is effective teamwork and staff member are aware of their role and responsibilities. Examples were given of how the day care setting supports service users and that care staff are very proactive and forward thinking in their approach. The staff member said they occasionally work in the centre as part of various projects for example 'Cook It.'

Discussions with care staff in the centre concluded that if they had any concerns, they could raise these with the acting manager. Staff consulted with clearly demonstrated their ability to communicate effectively with other healthcare professionals.

Monthly monitoring visits were undertaken as required under Regulation 28. Three monthly monitoring reports were reviewed during this inspection (22 November, 13 December 2016 and 30 January 2017). The reports in the monthly monitoring file showed most of the monthly monitoring visits were announced. Regulation 28 states monthly monitoring visits should be a mixture of announced and unannounced. The monthly monitoring reports did not contain an action plan on areas for improvement or information on the centre's complaints record, and a line was drawn through the accident and untoward incident section of the November 2016 report. The November 2016 monthly monitoring report did not specify how many service users were interviewed, however qualitative comments were summarised. Two of the monthly monitoring reports contained information on a theme, for example: staff training; multi-disciplinary working; is care compassionate etc. However the November monthly monitoring

report did not contain any comments on the outcomes of the theme. There was no evidence that service user's care files were audited. Monthly monitoring reports are made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. Improvements are needed in the quality of the monthly monitoring reports. They should contain more qualitative information to ensure full compliance with Regulation 28 and Minimum Standard 17.10.

The acting manager was asked for the centre's most recent annual quality report. The acting manager said an annual report detailing a summary of the matters stated in Schedule 3, Regulation 17(1) has not been completed for Arden Centre. This is an identified area for improvement.

A discussion took place with the acting manager about the auditing of service user's care files to measure compliance against Minimum Standards. The acting manager said she audits the reviews of service user's annual placements, their risk assessments and if the service user received a copy of their care plan. The acting manager was advised audits of service user's care plans, general assessments; their annual review report and their progress care notes should also be taking place. This is an identified area for improvement.

Discussion with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

With regards to 'Is the Service Well Led' domain in the three returned RQIA questionnaires; everyone stated 'very satisfied' on the completed forms.

Based on the findings of this care inspection there was some evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in Arden Centre day service. However improvements were identified.

### Areas for improvement

There were four identified areas for improvement during the inspection in this domain. These matters concern:

1. Arden Centre's annual quality review report.
2. Minutes of staff meetings.
3. Systematic audits of service user's care files.
4. Monthly monitoring visits and their reports.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>3</b>
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Irene Smyth, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b> <b>Ref:</b> Regulation 17(1) <b>Stated:</b> First time <b>To be completed by:</b> 01 April 2017	<p>The registered provider shall establish and maintain a system for monitoring the matters specified in Schedule 3. An annual quality report must be completed each year regarding Arden Centre. The report should be dated, signed and forwarded to RQIA.</p> <p><b>Response by registered provider detailing the actions taken:</b>            Report has been completed and returned to L McCabe on 27/02/17</p>
<b>Requirement 2</b> <b>Ref:</b> Regulation 20(1)(a) and (b) <b>Stated:</b> Second time <b>To be completed by:</b> 01 April 2017	<p>There has been an acting manager in Arden Centre since August 2014. The registered provider must provide RQIA with an updated action plan with timescales for the 'registered' manager post to be filled in Arden Centre.</p> <p><b>Response by registered provider detailing the actions taken:</b>            A Day Opportunity Manager (8a), is being recruited at present, with interviews scheduled for 30<sup>th</sup> March 2017. It is anticipated that the new manager will be in post by 1st May 2017. One of their priorities will be to finalise permanent staffing structures for day centres within WHSCT adult mental health services, and to appoint permanent staff to vacant posts. This will include the permanent day care manager with responsibility for the Arden Centre. The temporary vacant Band 5 post in Arden Centre has been offered to an individual and HR are processing pre-employment checks.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 4.4 <b>Stated:</b> First time <b>To be completed by:</b> 03 June 2017 and ongoing	<p>The registered provider should ensure:</p> <p>(a) service users assessments are kept under continual review, amended as changes occur and kept up to date to accurately reflect the needs of service users.</p> <p>(b) An audit of all of the service user's assessments is needed to ensure compliance with Minimum Standard 4.4 and (a) above.</p> <p><b>Response by registered provider detailing the actions taken:</b>            The acting manager has completed an audit on all assessments and is addressing actions required with care staff. Staff continually assess their clients and update the Epex patient information system, which all staff and teams within WHSCT adult mental health services have access to.</p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 8 <b>Stated:</b> Second time	<p>The registered provider should ensure service users' views and opinions about the running of the service are sought:</p> <p>(a) on a formal basis at least once per year. This quality assurance questionnaire should cover all aspects of the service's day care</p>

<p><b>To be completed by:</b> 01 April 2017</p>	<p>provision including the quality of:</p> <ul style="list-style-type: none"> <li>• Transport</li> <li>• Activities/classes/groups</li> <li>• How they are treated</li> <li>• Environment.</li> </ul> <p>(b) Ensure an evaluation report is completed that contains any areas identified for action, timeframes for same and who is responsible for these.</p> <p>(c) The subsequent evaluation report for the following year should detail a summary of the action/s taken from the previous year and be forwarded to RQIA.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed from:</b> 03 February 2017 and ongoing</p>	<p><b>Response by registered provider detailing the actions taken:</b> The annual questionnaire was completed for 2015/16 and an evaluation report written. The main action from this report was that some service users did not receive details on activities. A new activity board has been designed and produced with service user involvement. A schedule of activities is discussed and agreed at monthly staff/client meetings. The 2016/17 questionnaire has been completed as planned, it will be evaluated, written-up and shared with service users.</p> <p>The registered provider should ensure the minutes of service users' meetings specify a summary of discussion, any matters raised by service users and the actions taken in response.</p> <p><b>Response by registered provider detailing the actions taken:</b> The system and formats for recording service user meetings has been reviewed to now include a summary of discussions and required actions. Service users are afforded opportunities to contribute to the agenda through suggested items for inclusion/discussion. They are also offered the opportunity of Chairing meetings. The acting manager has added a 'response to issues' element to the centres timetable board so that actions are visibly communicated to all.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 15.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed from:</b> 03 February 2017</p>	<p>The registered provider should ensure that the review report of the service user's annual review of their day care placement (where relevant is completed with the service user) contains all of the relevant information stated in standard 15.5.</p> <p><b>Response by registered provider detailing the actions taken:</b> The acting day care manager has met with staff who have been reminded of the requirement to complete all elements of the service users annual review including statements where there may have been no significant change.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure systematic audits are undertaken of service user's care documentation to ensure compliance with Minimum Standards 3, 4, 5, 6, 7 and 15. Evidence of these audits should be retained. Follow up action is taken if full compliance is not evident.</p>

<p><b>To be completed by:</b> 03 August 2017</p>	<p><b>Response by registered provider detailing the actions taken:</b> The manager will complete a file audit by end of March using the template suggested by the RQIA inspector. This will create a baseline for the development of a planned schedule of audits taking random samples of files for audit against these standards. Audits will be administered by day care staff and routinely discussed at staff meetings and individual staff supervision as necessary.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 03 August 2017</p>	<p>The registered provider should ensure Arden Centre's:</p> <ol style="list-style-type: none"> <li>(a) monthly monitoring visits are a mixture of unannounced and announced.</li> <li>(b) The monthly monitoring reports contain both the numbers of service users, staff and others interviewed and their qualitative comments.</li> <li>(c) Should include random audits of service user's care documentation to measure compliance with Minimum Standards.</li> <li>(d) Contain an action plan, with timescales and who is responsible.</li> <li>(e) The subsequent monthly monitoring reports contain information on the review of this action plan and state the outcomes of these.</li> <li>(f) Comment on the progress made to meet the matters stated in Arden Centre's RQIA QIP.</li> </ol> <p><b>Response by registered provider detailing the actions taken:</b> The appointment of the Day Opportunities Manager (8a) will create the opportunity to review and enhance independence, improve rigour, and include all elements required (a-f) within monitoring visits as required. This will be taken forward by the Day Opportunities Manager when in post. In the meantime the acting manager will liaise with other day care managers to agree interim improvement actions.</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 23.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed from:</b> 03 February 2017 and ongoing</p>	<p>The registered provider should ensure the minutes of staff meetings contain:</p> <ul style="list-style-type: none"> <li>• the date of all meetings</li> <li>• names of those attending</li> <li>• minutes of discussions and</li> <li>• any actions agreed with responsibility for completion assigned and time frame for completion set out.</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> The acting day care manager has revised the format of staff team meeting minutes to ensure inclusion of all required elements.</p>

***\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\****



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