



**The Regulation and
Quality Improvement
Authority**

**Ards Training and Resource Centre
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205 South Street
Newtownards
BT23 4JY**

**Inspector: Suzanne Cunningham
Inspection ID: 23096**

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**Unannounced Care Inspection
of
Ards Training and Resource Centre**

26 August 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 26 August 2015 from 10.00 to 16.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	3

The details of the QIP within this report were discussed with the Ms Jennifer Burke, senior day care worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Hugh Henry McCaughey	Registered Manager: Mrs Elaine Sarah Crawford
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Jennifer Burke	Date Manager Registered: 06 January 2009
Number of Service Users Accommodated on Day of Inspection: 35	Number of Registered Places: 50

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to inspection the following records were analysed: the registration status of the service; incidents notification which revealed ten incidents had been reported and RQIA; written and verbal communication received since the previous care inspection which did / not reveal any concerns and the returned quality improvement plans (QIP) and inspection report from the last inspection; which was a care inspection.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection the inspector met with nine service users, all of the staff and three relatives. One questionnaire was received from one service user and one staff member. There were no visiting professionals on the day of the inspection.

The following records were examined during the inspection: The settings statement of purpose and service user's guide; six service users individual care records including care plans, assessments and review documentation; two complaints / issues of dissatisfaction; a sample of the settings monthly monitoring visit records (regulation 28) from April 2014 to August 2015; a sample of the settings incidents and accident records from March 2015 to August 2015; the settings annual quality assurance report; and policies and procedures regarding standards 5 and 8.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 9 April 2014. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 28 (4) (c)</p>	<p>The registered person must ensure the regulation 28 visit and reports examines any barriers to progress of a service users care plan for example a referral for an assessment not being actioned or not receiving the outcome of a referral due to other teams' workloads and staff absence. These are issues which can impact on the conduct of the day care setting and therefore should be reported and monitored to ensure it does not lead to the day centre breaching the day care settings regulation's or not achieving full compliance with the day care setting standards.</p> <p>There must also be evidence any deficits are reported to senior management and the trust response to ensure the access to professional guidance and assessment is improved for the setting.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspector confirmed the manager had highlighted this concern with the appropriate professional and steps had been taken to update the assessment. Procedure also in place to notify the Business Support Manager and monitoring officer if any future delays are noted. This improvement was satisfactory and met this requirement.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14 (4)</p>	<p>The registered manager must ensure any restrictive practices and restraint assessed as necessary to meet service user's needs is subject to regular review. Planned interventions must remain the least restrictive option to respond to behaviour and risk, therefore planned interventions must be the least restrictive measure that can be put in place.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspector confirmed each service user has an individual risk assessment which incorporates restrictive practices. The six files reviewed demonstrated these had been reviewed and updated as required. Review of behaviour support meetings minutes showed restrictive practice is discussed to ensure all measures in place remain necessary and the least restrictive option is being used to respond to behaviours and risks.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 14 (4) European Convention on Human Rights Article 3 & Article 5 Deprivation of Liberty Safeguards – Interim Guidance</p>	<p>The registered manager must ensure service users human rights are fully assessed if the use of restraint or any restrictions are planned for. If a restriction or restraint is the least restrictive method to respond to behaviour and meet need, what potential rights are being infringed and why this is necessary must be fully recorded.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed service plans were in place for each individual. The documentation identified when restraint or restrictive practices might be used, the current behaviour assessment and risk assessment. The inspector was satisfied this met the requirement and documentation inspected was up to date in this regard, at the time of inspection.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 28(3)</p>	<p>The registered person must make appropriate arrangements for the regulation 28 visits to be a mix of announced and unannounced monthly visits during the year. Reports must detail if a visit is announced or unannounced.</p> <p>Action taken as confirmed during the inspection: Inspector reviewed regulation 28 visit reports and found the only one unannounced visit report completed for June 2015. The manager stated she has raised concerns regarding the quality of monitoring and therefore it is clear this requirement has not been fully met. This requirement is restated. The inspection of these reports also revealed reports were not available for every month. A new requirement is made to ensure compliance is evidenced in future inspections.</p>	<p>Partially Met</p>

Previous inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 7.1, 7.2, 7.3</p>	<p>The registered manager should make appropriate arrangements for service user's and or their representatives to be fully informed regarding confidentiality of personal information, recording practices in the day care setting and access to information.</p> <p>The service user and or their representative should be informed regarding what information is kept about them in the day care setting, how that is stored, what they need to do if they want to access the information and the service user or representatives consent regarding the same. This could be included in the service user agreement.</p> <p>Action taken as confirmed during the inspection: The registered manager had amended the service user guide to include this information. This had been shared at annual reviews.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.8</p>	<p>The registered manager should make appropriate arrangements for the frequency of the behaviour management review meetings to be improved. Meeting should review the use of restraint or restrictions planned for or used in the day care setting which must be subject to continuous review with relevant behaviour management professionals or services.</p> <p>Action taken as confirmed during the inspection: The registered manager has quarterly meetings with the behaviour nurse specialist to discuss behaviour, current assessment and restrictive practices. Evidence of these discussions was found on individual files. The meeting minutes evidenced meetings happened in January and March. However there was no evidence of meetings since then. The person in charge said there should have been one in June but MAPPA training has delayed this until 16 September.</p>	<p>Met</p>

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

There is a trust continence promotion policy and procedure in place. The manager has written a local continence policy and procedure July 2015 which focusses on implementation of recent improvements and developments in place; which aim to promote continence. These are clearly recorded for staff and the review of six service users files demonstrated work is in place to gain an understanding of each service user's continence needs and level of independence in this regard. Information regarding preferences and clear guidance regarding meeting needs was recorded. The continence care needs baseline assessment contained basic information and the care plan includes service users preferences.

The six service user files inspected provided examples of how staff actively seek service users and their representatives' views and incorporate these into practice. For example into the care plan, individual assessments, review documentation and ongoing recording. This practice had ensured service users and representative's choices, issues of concern, complaints or risks were recorded and acted on.

The six needs assessments, risk assessments and care plans inspected had been kept under continual review, amended as changes occurred and kept up to date to reflect the needs and preferences of the service user. The needs assessment and care plans had been appropriately signed and there was evidence of file audits that identified unsigned documents. Staff sought signatures as a result.

Discussion with two staff revealed they are aware of continence products and Personal Protection Equipment (PPE.). They described examples of continence care practice and discussed their role in promoting service users privacy and dignity. The inspection of the environment did identify products were left out in the open in the group areas and some boxes with products in were labelled with service users names. The inspector advised the products must be kept in a place that is not open to the group area and ideally in a closed box, cupboard or draw to protect the product. The inspection also identified staff should use a less obvious way to identify whose products were being stored, this would protect the privacy of all service users. Staff could use symbols on a box or a number, colour etc. A recommendation is made in this regard.

Infection prevention and control training continues to be delivered annually, discussion with staff, observation of the environment and care practice identified staff use PPE and are practising using current infection control guidance. Discussion with staff identified staff have not received training to date in the area of continence care and promotion, the person in charge at the time of the inspection advised this was being arranged. Therefore, a recommendation is made the date is forwarded to RQIA regarding the same.

Discussion with nine service users confirmed they knew where their nearest toilet was located and they had discussed their needs with staff. Service users commented: "I know where the toilets are but we could do with more toilets, it can be quite a wait to go". Staff acknowledged the toilets can be busy due to the needs of the service users and this can mean some have to wait. However the wait was not identified as a risk and needs were being met on the day of the inspection. Nine service users completed RQIA questionnaires during the inspection and one was returned post inspection. The questionnaires reported the service users were very satisfied

to satisfied that they felt safe and secure in the day care setting. Six service users identified they are satisfied to very satisfied regarding appropriate staffing levels in the setting. One service user said "there are too many staff; they get on your nerves". Another service user said "there's enough staff to help". Four service users identified they were unsatisfied with the number of staff; comments made were "there should be more staff so we can have more staff with us to do activities". "Sometimes staff are off sick, they could do with cover". On the day of the inspection there was a number of staff available to deliver activities and meet individual needs as required. The inspection did not identify any significant deficit in staff on the day of the inspection but did note staff were busy and this would indicate staffing numbers should not lower. One service user did identify there is no hoist for the toilet and staff hurt their back. Inspection of the toilet and discussion with staff revealed this should be looked into by the trust. A requirement is made in this regard.

Other comments made by service users were "Staff help us to be safe for example locks on the doors, visble vests, help us be aware of strangers, we are meters and greeters". "Nothing makes me unhappy about day care".

Three service users' relatives gave their views during the inspection. They described staff know their relatives needs and the staff had been observed as very encouraging, there is good supervision levels and their relatives were very happy to go to the centre.

One staff member returned a RQIA questionnaire post inspection and this identified they were very satisfied with the training provided, satisfied service users receive timely support from staff and professionals, satisfied any equipment required to meet assessed needs is received in a timely manner and is satisfied the centres environment is meeting service user's needs.

In conclusion care plans safely describe service users' needs for individual continence promotion and support, observations of practice and discusslons with staff, relatives and service users concludes the dellvery of these plans is in the main, carried out safely. This will be further achieved following implementation of the Identified areas for improvement.

Is Care Effective?

The discussion with staff and tour of the environment confirmed there is appropriate supplies of continence products and staff are aware of how to meet assessed needs. Staff have unrestricted access to these and access to Personal Protective Equipment (PPE). Discussion with three service users relatives / representatives confirmed their relatives needs had been openly discussed in the review meeting and they were satisfied that they are listened to. They reported they have good relations with staff and effective communication with the centre, they stated they were satisfied with plans in place for their relative but if this changed they would not have a problem with raising their concerns with staff or the manager.

The person in charge on the day of the inspection explained the staff had implemented a new assessment format to ensure everyone has a baseline contlnence assessment and if required a plan to meet any needs identified within the day care setting. The inspection of six service user Individual records and review of the settings policies and procedures evidenced practice described was evident in records inspected.

Discussion with nine service users revealed they all feel satisfied staff know how to care for them and respond to their needs. One service user RQIA questionnaire returned post inspection revealed they are satisfied regarding the same. Comments made were "staff know our care plan, they are very helpful"; "staff are very good to me and they let me work in the garden, sometimes we feel sorry for staff, the funds are hard to get so they have to work hard for parties and resources". "We are independent but staff give us help when we need it". These comments identify staff work hard to meet service users' needs and service users view staff as supportive and effective.

One staff member returned a RQIA questionnaire post inspection and this identified they were very satisfied that they have an appropriate supply of continence products to meet needs, have access to PPE and have sufficient skills and experience to assist service users with their personal care needs.

In conclusion care plans effectively describe service users' needs for individual continence promotion and support, observations of practice and discussions with staff, relatives and service users concludes the delivery of these plans is in the main, is carried out effectively.

Is Care Compassionate?

Discussion with staff demonstrated they have a clear knowledge regarding person centred care. Staff are also aware of the need to encourage service users to take turns and be supportive of each other as they are looked after in small groups. One conversation regarding an outing revealed how challenging meeting individual needs in a group care setting can be when one of the group does not like the group choices. Staff used open communication methods to ensure they achieved the best outcomes for the majority of the group and will prioritise the choices of others when doing the next planning group.

Service users, their representatives reported they were happy staff were aware of their needs and they look after them in a safe and respectful way.

Discussion with nine service users revealed they all feel very satisfied with the care and support they receive. One service user returned a RQIA questionnaire post inspection and states they feel satisfied regarding the care and support they receive. Comments made were "I'm very happy"; "staff look after me very well". Comments were also made regarding specific staff who they feel look after them particularly well. These comments identify staff work hard to meet service users' needs and service users view staff as caring and compassionate.

One staff member returned a RQIA questionnaire post inspection and this identified they were very satisfied that service users are afforded privacy, dignity and respect at all times.

In conclusion care plans describe service users' needs for individual continence promotion and support, observations of practice and discussions with staff, relatives and service users concludes the delivery of these plans is carried out compassionately.

Areas for Improvement

Two recommendations and one requirement is made regarding Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

One recommendation is made that the registered manager reviews the storage of continence products stored in the day care setting. Products should not be left out in the open in the group areas and boxes with products in should not be labelled with service users names.

One recommendation is made that the staff should receive training in the area of continence care and promotion. The date for this training should be forwarded to RQIA on the returned QIP.

One requirement is made that the registered manager must arrange for this setting to be assessed to determine if a hoist is required to enable staff to deliver safe care; and to ensure service users who require significant support when moving and handling feel safe and comfortable; when being moved. If there is a need this should be in place without delay.

Number of Requirements:	1	Number of Recommendations:	2
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The staff actively seek service users' and their representatives' views in care planning meetings and reviews, they also seek views when completing individual assessments, when completing specific plans and when planning activities and outings for each group. Evidence of service user's views being sought and recorded was found in documentation such as the six service user individual files, advocacy group meetings, observation of practice and discussions. The examples Inspected, observations of practice and discussions provided clear assurance the service user's preferences, choices, issues of concern, complaints or risks are recorded and acted on.

The service users in this setting have a range of communication needs and the staff use symbols, Makaton, body language, individual communication plans as well as speech to listen and respond to service users. Inspection of service users plans and observation provided evidence staff are knowledgeable about service users' individual modes of communication.

The six needs assessment, risk assessments and care plans had been kept under continual review, amended as changes occurred and kept up to date to accurately reflect at all times the communication needs and preferences of each service user. The needs assessment and care plans had been appropriately signed.

The staff has access to trust policies regarding:

- general communication arrangements
- safe and healthy working practices

The following policies and procedures were in the centre but had been written for other centres, they were in the process of being adapted for this centre. A recommendation is made that these are adopted by this setting and made accessible for staff.

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives

Discussion with nine service users revealed they all feel very satisfied with the care and support they receive. One service user said "Elaine Crawford (the manager) gets us anything we need, she is the best manager. Jen Burke is very helpful and they are both good managers".

Three relatives reported they feel staff are accessible and they can raise issues with them if they have any concerns. One relative said their view is this is a safe place and staff know what they are doing. Staff enable him to progress and involve him. Another relative said they felt staff made an effort to get to know their relatives needs and they had observed good supervision of the service users.

In conclusion service users' Involvement is encouraged and enabled to ensure service users' views and comments shape the quality of services and facilities provided by the Day Care setting. Observations of practice and discussions with staff, relatives and service users concludes the delivery of care is safe and centred on service users preferences as well as need.

Is Care Effective

The staff use a range of methods and processes where service users' and their representatives' views are sought and recorded. They include details of the action taken such as the assessment, planning process, reviews, advocacy meetings, day to day discussions, group planning and round table discussions. In the examples given records of service users being enabled to be involved in and given opportunities to influence the running of the day care setting and their plan was clearly recorded. The inspection of documentation demonstrated service users (or their representative) participates in decisions about the care and support services they receive and that service users are enabled to exercise choice and control over their lifestyle, while not infringing on the rights of others.

The centre provided the annual report which summarised service users' views and opinions had been sought on a formal basis including by an independent person, during the year. The Manager operates an 'open door policy' encouraging service user to discuss issues or concerns as they occur, service users completed an annual questionnaire, service users are consulted through monitoring visit, and quarterly meetings with service user advocacy group known as 'The Voice of Ards'. Staff use a person centred ethos in their communication with and about service users including at each review.

Discussion with nine service users confirmed they feel staff do listen to them. They gave examples of when their choices, preferences, opinions or suggestions have been facilitated or implemented. They commented "staff know my care plan and they are very helpful". "My review is on Friday, I wrote what I want to say".

Discussions with three representatives / relatives confirmed they feel they had been consulted with and involved in decision making. For example in planning meetings and during the assessment, at a review, if they have concerns or a complaint or were querying an element of their relative's care. All reported any concerns were dealt with openly and staff are approachable. One relative described staff use Makaton to communicate and staff had talked to the relatives regarding preferences; to ensure they are responding to need and preferences.

During the inspection the staff were observed informing service users and persons visiting the Day Care Setting that the inspection was taking place and arrangements were made for service users and others to give their views about the standard of care delivered and the conduct of the Day Care Setting to the inspector.

Staff have access to trust policies and procedures regarding:

- inspections of the day care setting
- consent
- management and control and monitoring of the setting
- quality improvement
- complaints

In conclusion service users' involvement is encouraged and enabled to ensure service users' views and comments are sought effectively to shape the quality of services and facilities provided by the Day Care setting. Observations of practice and discussions with staff, relatives and service users conclude the delivery of care is effective and communication at all times aims to seek service user's preferences as well as need.

Is Care Compassionate?

The inspector observed and inspected documentation which evidenced information sought and recorded in a service user friendly way. Staff presented as knowledgeable about individual service users' communication needs.

Discussion with nine service users and one RQIA questionnaire returned after the inspection revealed service users all feel very satisfied with the care and support they receive. They reported they are very satisfied to satisfied that their views and opinions are sought about the quality of the service.

Three relatives discussed how compassionate staff are when seeking service user's preferences and views, they said "all staff are very fond of him, they know he likes to communicate as if people are his mates", for example using high five and they use this. "Staff have been good so far".

One RQIA staff questionnaire was returned post inspection. This revealed they feel very satisfied the service users are involved in and given opportunities to influence the day care setting; their views are sought in a range of ways; management take appropriate action to respond to suggestions, improvements and complaints; and service users are kept informed.

In conclusion service users' involvement is encouraged and enabled to ensure service users' views and comments are sought compassionately to ensure they shape the quality of services and facilities provided by the Day Care setting. An observation of practice and discussions

with staff, relatives and service users concludes the delivery of care is compassionate and communication at all times aims to seek service user's preferences as well as need.

Areas for Improvement

One recommendation is made regarding Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting.

A recommendation is made the registered manager should make arrangements for the following policies and procedures to be adapted for care delivered in this setting, they should also be made available for staff reference.

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

i.5.1. Service user individual records:

Six service user individual records were reviewed; these were kept in Individual files. They contained evidence of assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review of these files did not identify any improvements and evidenced compliance with the two standards inspected.

i.5.2. Monitoring reports

Monitoring reports were sampled from April 2014 to August 2015: Reports were not available for May, September, November 2014 and January, March, April, May & July 2015. It was not clear if the visits happened or if the reports were missing. A requirement is made that the visits must be undertaken monthly and a report must be written for each visit.

The inspection of the reports identified the quality of information monitored and the way it is reported was inconsistent. The most comprehensive report available that did meet the regulation was completed in June 2015 by Margaret Okane. She is the operations manager for this service. A requirement is made that the reports clearly report on the conduct of the day care setting.

i.5.3. Complaints

The complaints record was reviewed and this revealed one complaint was made in 2014 and one complaint had been made in 2015 at the time of this inspection. These had been investigated and responded to in compliance with the settings policy and procedure. The complainants were satisfied with the response and this was not raised again.

i.5.4. Incident reporting

A sample of the trust incident reports were reviewed from March 2015 until August 2015. Accidents and incidents recorded did not raise any concerns regarding recording, responding to service user need, management of incidents and service user safety. Staff had kept carers informed of any accident or incident, staff had sought medical advice as appropriate and sought additional support and professional advice when required.

i.5.5. Staffing

On the day of the inspection there was three agency staff on duty. Discussion with staff and service users identified staffing arrangements had been of concern and whilst on the day of inspection staffing did not raise any concerns, it was clear staff numbers should not be any lower to ensure service user needs are met. It is clear agency staff are being used to fill gaps however; this should not be a longer term solution. Therefore a requirement is made for the responsible person to inform RQIA on the returned QIP regarding future plans for staffing.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jennifer Burke, senior day care worker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

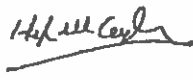
The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 28(3)</p> <p>Stated: Second time</p> <p>To be Completed by: 21 October 2015</p>	<p>The registered person must make appropriate arrangements for the regulation 28 visits to be a mix of announced and unannounced monthly visits during the year. Reports must specify if a visit is announced or unannounced.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The trust will ensure that going forward a mix of announced and unannounced monitoring visits will be completed throughout the year. The respective monitoring reports will reflect if the individual visit has been announced or unannounced. The monthly monitoring visit for October 2015 has been scheduled as unannounced.</p>
<p>Requirement 2</p> <p>Ref: Regulation 28(3)</p> <p>Stated: First time</p> <p>To be Completed by: 21 October 2015</p>	<p>The registered person must make appropriate arrangements for the regulation 28 visits to be carried out at least once a month. The written report be available for inspection and the report must clearly evidence the frequency of the visit is compliant with this regulation. The report must also detail a written account of the conduct of the day care setting.</p> <p>The measures put in place must be detailed in the returned QIP and must evidence compliance with this regulation.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The newly appointed Regulated Services Manager will provide additional governance in relation to the completion of regulation 28 visits. A structured programme of announced and unannounced visits will be compiled in conjunction with the regulated services manager and each person responsible for completing monthly monitoring visits. The completion of regulation 28 visits has been tabled for discussion with all persons responsible for completing monthly monitoring visits at a meeting on 6th November 2015, a reminder of the statutory expectations will be addressed at this forum. Following this the Trust will ensure that a monthly visit of each facility is carried out. The report of each visit will be available for inspection and will reflect the conduct of the day care setting.</p>
<p>Requirement 3</p> <p>Ref: Regulation 1 (2)</p> <p>Stated: First time</p> <p>To be Completed by: 21 October 2015</p>	<p>The registered manager must arrange for this setting to be assessed to determine is a hoist is required to enable staff to deliver safe care; and to ensure service users that require significant support when moving and handling do feel safe and comfortable when being moved. If a need is assessed the hoist should be supplied to this day centre without delay. The outcome of this assessment should be reported on the returned QIP.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Ards TRC has two hoists, a Marisa hoist which is used daily and a Trixie</p>

	hoist which is used as a back up. All Service Users who require the use of a hoist have been assessed and appropriate individual slings have been purchased. The Registered Manager has requested reassessment of hoist transfer procedures for two service users' from the Trust Ergonomics Team.
Requirement 4 Ref: Regulation 20(1) (a) & (b) Stated: First time To be Completed by: 21 October 2015	<p>The responsible person must review staffing arrangements in this setting and report to RQIA on QIP the outcome of this assessment and what measures are being put in place to ensure staffing is compliant with this regulation and future plans to ensure the staffing arrangements in this setting are stable.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The centre has filled one 25 hour vacant day care assistant post, the worker commenced on 1.10.15. A second is awaiting a start date. An additional recruitment drive went to advertisement on 5.10.15. The registered manager will also appoint Bank Staff. This will help reduce reliance on Agency staff. On the day of inspection there was 35 Service Users in attendance. Ards is registered for fifty service users. There is an emergency staffing plan in place. The Registered Manager forwarded a copy of this to RQIA Inspector on 28.9.15.</p>

Recommendations	
Recommendation 1 Ref: Standard 27.3 Stated: First time To be Completed by: 21 October 2015	<p>The registered manager must make appropriate arrangements for service users continence products to be stored in a place that is not open to the group area, ideally in a closed box, cupboard or draw to protect the product. Furthermore the product should not be labelled with the name of the service user to protect the privacy of all service users. Staff could use symbols on a box or a number, colour etc.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All continence pads are now sealed in an individual closed box - actioned 27.8.15.</p>
Recommendation 2 Ref: Standard 21.4 Stated: First time To be Completed by: 21 October 2015	<p>The registered manager should arrange for staff to receive training regarding in the area of continence care and promotion. The date of the training should be reported on the returned QIP.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Training for staff has been arranged with the Tena Rep - date 9.10.15</p>
Recommendation 3 Ref: Standard 18 & Appendix 2	<p>The registered manager should ensure the policies and procedures detailed below are fully adapted for Ards TRC and made accessible for staff in a centrally indexed policy manual.</p>

Stated: First time To be Completed by: 21 October 2015	<ul style="list-style-type: none"> • service users' meetings and forums • listening and responding to service users' views • service users' involvement in activities and events • communications with carers and representatives 		
	Response by Registered Person(s) Detailing the Actions Taken: Local policies have been devised as per the recommendation and are available in the policy manual- - service users' meetings and forums - listening and responding to service users's views - service users' involvement in activities and events - communication with carers and representatives		
Registered Manager Completing QIP	Elaine Crawford	Date Completed	21.10.15
Registered Person Approving QIP		Date Approved	21.10.15
RQIA Inspector Assessing Response		Date Approved	21.10.15.

Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address