Unannounced Day Care Inspection Report
13 and 14 February 2017

Mount Oriel Day Centre incorporating 'Skyways Club'

Type of service: Day Care Service
Address: 53 - 57 Saintfield Road, Belfast, BT8 7HL
Tel no: 02895042695
Inspector: Suzanne Cunningham

1.0 Summary

An unannounced inspection of Mount Oriel Day Centre, incorporating 'Skyways Club' took place on 13 February 2017 from 10.30 to 16.45 and 14 February 2017 from 09.30 to 14.00 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?

The inspection of individual staff records; duty rotas, training records; observations of the settings; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. In conclusion the care provided in this setting was avoiding and preventing harm to the service users in the setting and in the community. Furthermore the care, treatment and support was helping individuals to improve their potential future outcomes.

Overall the inspection of “is care safe” concluded the minimum standards inspected were broadly met. To achieve full compliance there was four areas identified for improvement. They were: two recommendations were made to improve the detail recorded on the staff rota and complete competency and capability assessments with staff that are in charge when the manager is not present. This will provide evidence that at all times there are sufficiently qualified, competent and experienced staff on duty to meet the assessed needs of the service users and the settings statement of purpose. Two requirements were made to ensure transport arrangements were safe and there was a current fire risk assessment in place.

Is care effective?

The inspection of service users individual care records and discussion with the service users, concluded care was being delivered at the right time, in the right place, and with the best outcome. We found individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met. Areas for improvement were identified during this inspection. They were service user written agreements should be reviewed annually and updated as required, file audits should be implemented and evidence of the same should be available for inspection.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect and they were encouraged by staff to be involved in decisions affecting their care and support.

Overall the inspection of “is care compassionate” was compliant with the standards inspected. One area of improvement was identified regarding the review of service user meetings including improving their frequency, the agenda, and accessibility of the minutes for the service users.

Is the service well led?

The discussion with staff and service users regarding the management arrangements in place revealed they were clear regarding staff roles and responsibilities and who the manager was. Documents and records revealed there were some arrangements in place to promote quality improvement throughout the setting however, improvements regarding supervision, appraisals, audits and one complaint were identified.

Overall the inspection of "Is the service well led?" concluded the minimum standards inspected should be improved in four areas regarding this domain. Three recommendations were made to improve the frequency of staff supervision arrangements for temporary and agency staff, appraisals should be delivered to all staff annually and evidence of audits undertaken should be improved. One requirement was made to ensure a complaint made in July 2016 investigated and responded to by the right person in the trust. The outcome and action taken (if any) should be recorded in the complaints record.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Suzanne Collins, registered 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 27 May 2015 and 28 May 2015.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon	**Registered manager:** Suzanne Collins
Person in charge of the service at the time of inspection: Suzanne Collins	**Date manager registered:** 11 February 2009

3.0 Methods/processes

Prior to inspection we analysed the following records:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Belfast Trust
- Incident notifications which revealed 6 incidents had been notified to RQIA since the last care inspection in May 2015
- Unannounced care inspection report 27 & 28 May 2015.

During the inspection the inspector met with:

- The registered manager
- The deputy manager
- Six care staff
- Twenty three service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff in the day care setting and skyways. Four were returned by service users, four by staff and one by a relative.

The following records were examined during the inspection:

- Five service users individual care files
- One individual staff file
- A sample of service users' daily records
- Fifteen complaints issue of dissatisfaction recorded from April 2015 to February 2017
- A sample of incidents and accidents records from May 2015 to February 2017
- The staff cover arrangements during December 2016, January and February 2017
- A sample of the minutes of service user meetings in 2016
- Staff meetings held between November 2016 to January 2017
- Staff supervision dates for 2016
- Monthly monitoring reports from November 2015 to May 2016
- Staff training information for 2016 and 2017
- Fire safety records for 2016 and 2017.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27May 2015 & 28 May 2015

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 27 and 28 May 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 5.2 **Stated:** First time	The registered manager should improve the continence section of the care plan. More information should be recorded regarding service user choice and preferences, any routine to be maintained, what products are used, where they are kept. What is the baseline assessment so potential improvement or deterioration can be monitored. It may also be useful for practice to be guided by the professional assessment. Progress in this regard should be reported in the returned QIP.	**Met**
	Action taken as confirmed during the inspection: The inspection of five service users individual care files and the training record confirmed the above improvements had been made at the time of inspection.	
Recommendation 2 **Ref**: Standard 8.3 **Stated:** First time	The registered manager should ensure actions and decisions that are put in place following the annual service user survey are reviewed for effectiveness during the next year. For example during the monitoring visit or in the next year's survey. Progress in this regard should be reported in the returned QIP.	**Met**
	Action taken as confirmed during the inspection: The review of the service user's annual survey provided evidence that actions and decisions had been put in place at the time of inspection.	
Recommendation 3 **Ref**: Standard 9.5 & 9.6 **Stated:** First time	The registered persons should review the difficulty this service has in accessing support from occupational therapy and physiotherapy services which is required to ensure placements can continue. Improvements should be made to ensure identified service user need is met. Progress in this regard should be reported in the returned QIP.	**Met**

	Action taken as confirmed during the inspection: Discussion regarding this services access to occupational therapy and physiotherapy services revealed there had been no further concerns in this regard.	

4.3 Is care safe?

The review of the staff rota recorded for December 2016, January and February 2017 showed the record detailed the specified the staff working and annual leave arrangements. However, the record did not detail which staff were covering each part of Mount Oriel, staff who were absent and staff brought into cover absences; such as agency staff. The record should also identify the overall manager or staff member acting in the manager's absence, which staff were in charge of each building and role and responsibilities. A recommendation is made to improve the record in this regard.

The staffing arrangements and allocation of staff to roles and responsibilities was discussed with staff on duty during the two day inspection. The staff said who was in charge and they described there was defined roles and responsibilities in each room. Staff said they discuss any changes to meet the needs of service users who had complex needs and this was agreed daily. This provided assurance the service users' had adequate staffing arrangements allocated to them to ensure their care plan and identified needs were being met. Staff described who was in charge if they needed to seek support or advice; they also identified all staff work together to support each other to ensure service users' needs are met safely in the day care setting.

Discussions with staff did reveal there had been significant staffing vacancies since the last inspection that had been covered by agency staff. More recently three staff had been recruited to fill the vacancies and they were due to commence in the setting. Discussion with one agency staff member revealed they had been in this setting for a year, they had been involved in the staff training programme and received day to day support from the day care worker in charge which ensured the care they provided in this setting was safe.

The staff information was inspected for the staff who acted up in the manager's absence; in the main Mount Oriel site and the satellite service, Skyways. This revealed there was no competency and capability assessment completed for the staff which would have assessed if they were competent and capable to be left in charge in the manager's absence. A recommendation is made to complete these with the staff who act up in the managers absence. This will provide evidence and assurance that in the absence of the manager there are safe management arrangements in place.

Observation of care, discussion with staff and examination of the staff rota provided evidence there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of service users on the days of the inspection. The staff distribution arrangements across this large setting took into account the size and layout of the premises, and the number of service users. Nevertheless it was clear service user support needs; including one to one care, will be better met when the permanent staff members commence their posts. This will ensure there is consistent staffing arrangements in rooms including one to one staffing for identified service users.

The induction programme was discussed with staff and a new trust induction proforma was viewed for the new staff that will commence shortly. The model used included an assessment of competency, induction training and the centre's own induction programme to the day care setting which introduces the staff roles and responsibilities. The induction programme included familiarisation with policies and procedures, shadowing staff, and meetings with their supervisor.

The incident and accident records were inspected. The notifications received by RQIA were cross referenced with a sample of the centres records, this did not identify any concerns regarding the reporting or measures put in place by the setting to address risk and prevent reoccurrence. However, this did reveal that there was no confirmation an action plan had been implemented by the transport team, despite the manager requesting this confirmation. The action points were required to assure the day care transport arrangements were safe. Therefore a requirement is made that the transport department confirm the sharp edges on the steps of the identified bus have been made safe, there is a first aid box that is suitably stocked on the busses and the bus drivers have received basic first aid training. These measures will ensure drivers can respond safely to any medical concerns while service users are travelling on the bus.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the main centre and satellite setting had been kept clean and tidy; hand hygiene was promoted using notices and resources. One to one staffing was in place for a small number of service users with a learning disability and this was agreed with the Trust's behavioural support team. The service user's assessments and care plans confirmed staff had assessed any of the restriction's in place were the least restrictive measure to meet identified service user's needs. Furthermore they had involved other professionals to confirm that the restrictions were necessary.

The day care setting's fire safety records were viewed for 2016/2017. A fire drill/evacuation was undertaken in August 2016, this did not reveal any concerns or learning for staff. The staff team received fire training in September 2016. The fire risk assessment was due for review in 2014 and this had not been reviewed, this was significantly out of date and a requirement is made for this to be completed without delay.

Discussion with service users in the satellite setting and the main centre provided evidence that staff had discussed their personal safety with them. They had discussed safe choices, safety in the community and safety generally in the day care setting. Service users said they could talk to any staff if they needed to. The setting cares for service users who have a diagnosed learning disability and service users who are over 65. Service users who communicated with the inspectors across the setting said they had enjoyed the activities they do with staff. They identified the benefits of being in the setting such as promoting their independence, the benefits of the social aspect of being in a group and they gave examples of how the care and support received from staff had improved their outcomes.

Four service users returned questionnaires to RQIA regarding this inspection. They stated they were very satisfied with the safety in the day centre. They felt safe in the setting; they could talk to staff if they were unhappy, the setting was comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded. One service user wrote "The staff show a personal interest in everyone which means it is easy to ask for help if needed".

One relative returned a questionnaire, they identified they were very satisfied with the safe care in Mount Oriel. Their relative was safe and protected from harm, they could talk to staff, the environment was suitable to meet their relative's needs and they would report concerns to the manager.

Four staff returned questionnaires to RQIA post inspection. They stated they were satisfied care was safe in the setting. The care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice. Two staff identified the appraisal was being changed by the trust so had not been completed in the last year. This is further discussed in the well led domain.

Areas for improvement

Four areas for improvement were identified regarding this domain. Two recommendations are made to improve the detail recorded on the staff rota and complete competency and capability assessments with staff that are in charge when the manager is not present. This will provide evidence that at all times there are sufficiently qualified, competent and experienced staff on duty to meet the assessed needs of the service users and the settings statement of purpose. Two requirements are made to ensure transport arrangements are safe and there is a current fire risk assessment in place.

Number of requirements	2	**Number of recommendations**	2

4.4 Is care effective?

The inspection of five service users individual care records provided evidence that the day care setting had effectively planned to meet the assessed needs of the people who use the service. Observation of care showed the care plans were being put into place by staff in a gentle, encouraging way that gave regard to the personal preferences of each individual service user. The staff were observed engaging the groups and individual service users in activities. The care plans inspected clearly described the service user's needs and how they should be met in the service.

The care records inspected in the main centre and Skyways had been maintained in line with the legislation and the Day Care Settings Minimum Standards. It was noted photos of service users were not on every file in Skyways and advice was given to improve this. It is noteworthy that the staff were open to developing innovative ways to achieve this, that involved an activity led approach by staff, ensured service users understood why this was being done and gave their consent. If consent was not given this would be noted in the service users individual record.

There was evidence care records had been updated and reviewed by service users' keyworkers following the individual's annual review of their day care placement or if there was an identified change to needs. The care records included clear risk assessment information and planning documents which detailed how the health needs and service users' outcomes should be met. The care records inspected showed there was multi-professional input into the service users' health and social care needs assessment. For example behaviour specialists, speech and language professionals and other medical professionals had contributed to assessing needs and formulating the care plan.

Discussions with staff in the settings regarding implementation of the care plans provided assurance the staff knew the needs and plan for each individual they were caring for. The support worker staff (band 3) also identified the day care worker (band 5) was on hand to provide support and advice as necessary.

Discussion with service users about what they were doing in the settings provided assurance they knew what activities were being planned for the day and they had been involved in the planning of the activity schedule. In each of the rooms service users identified the staff that helped them and the overall feedback was staff were supportive and "very good". Service users whose communication needs were more complex were observed to ensure their needs and preferences were met. Staff provided one to one care that responded to the service user's mood and preferences. Preferences were being gauged from the service users body language and limited communication. It was noticed the care was tailored to the individual's mood, staff knowledge about their behaviour and communication methods. Staff took time and care to ensure service users were safe and content. Service users could access all areas of the setting and the staff accompanied them as needed to support their interaction with others, this was observed as safe and effective.

Staff discussed the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The band 3 and band 5 staff discussed how they work together to update records and ensure care plans are current and meet needs. However, they did identify improvements could be made in their recording. It was also noted there was no evidence that service user written agreements were being reviewed annually and updated as required, a recommendation is made to improve this. Improvements in this regard would usually be identified during formal file audits; however arrangements to do these were not in place, therefore a recommendation is made to implement file audits and record evidence of the same.

Four service users' questionnaires were returned to RQIA and three stated they were very satisfied with the effective care in this setting. Four stated they were getting the right care at the right time. They identified staff communicate well with them; they take part in and have been involved in the annual review of their day centre placement. Three stated their choices are listened to and they choose their activities. One service user wrote "The staff will listen attentively to your problem, and give help and advice on how to deal with it".

The relative questionnaire identified they were very satisfied with the effective care in the setting. Their relative gets the right care, at the right time, in the right place. They also identified they are satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these were incorporated into the care they received and that they are involved in their relative's annual review.

The four staff questionnaires identified they were very satisfied with the effective care in the setting. Service users were involved in their care plan, care plans informed the care provided, monitoring of quality was in place and staff respond to service users in a timely manner.

Areas for improvement

Two areas for improvement were identified regarding this domain. Service user written agreements should be reviewed annually and updated as required and file audits should be implemented and evidence of the same should be available for inspection.

Number of requirements	0	**Number of recommendations**	2

4.5 Is care compassionate?

This day centre meets the needs of service users who have learning disabilities and service users over 65. Some groups were independent and can take part in activities with little staff support; other service users had physical and behavioural needs that required a higher level of staff support. Nevertheless the common ethos of staff throughout the centre was that all service users must be to be supported to take part in day care and achieve their own identified goals. Staff were observed communicating warmly with the different groups to promote involvement. Staff were observed to be providing care confidently and effortlessly. The observations of care confirmed staff promoted the values of dignity and respect, independence and equality, choice and consent of service users when engaging them in the activity schedule and their care plan.

Discussion with staff across the setting regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their independence, strengths and providing choice. Observations and discussions with service users taking part in activities showed participation was good and they talked about activities and the social contact making them feel more positive about what they could do. They said v, they liked getting out of the house and taking part in crafts and projects that interested them. In Skyways the service users discussed a new project they were planning. The discussion revealed the staff were facilitating the organisation of the project and the service users were fully involved in the delivery. Discussion with service users revealed they were excited at the prospect of starting a new project, they clarified the activity was in response to their preferences and interests. Furthermore service users were well informed regarding skills they would develop through their involvement.

The manager provided the annual survey that had been undertaken to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. The most recent survey had been analysed and actioned.

The inspection of service user meetings revealed some groups had held them infrequently and the records did not detail what group was meeting. It was also noted the minutes were not accessible for all service users. The use of service user meetings to consult with the groups of service users should be reviewed and improved to ensure it is clear who is meeting, the agenda should reflect the service users issues and promote their involvement; and the minutes should be accessible for the service users. A recommendation is made in this regard.

During the walk around the setting pictures of the staff were observed in the greeting area. They were displayed in colourful frames and this was a welcoming and creative display at the entrance of the setting. The doors had also been painted different colours throughout the setting to assist all service users in identifying their activity room.

The four service user questionnaires identified they were very satisfied with the compassionate care in this setting. They were treated with respect and were involved in decisions affecting them, the staff were kind and caring, their privacy was respected; they have choices and were involved in decisions. One stated “it is easier to ask the staff for advice rather than family. They can deal with it objectively”.

The relative questionnaire said they were very satisfied with the compassionate care. Their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative is treated well and they are consulted regarding decisions.

The four staff questionnaires identified they were very satisfied with the compassionate care. Service users were treated with dignity and respect, encouraged to be independent; their views were sought and acted upon.

Areas for improvement

One area of improvement was identified regarding the review of service user meetings including improving their frequency, the agenda, and accessibility of the minutes for the service users.

Number of requirements	0	Number of recommendations	1

4.6 Is the service well led?

This inspection provided some evidence that effective management arrangements were in place. Staff and service users were clear regarding who the manager of the setting was and who was in charge in her absence. The first day of the inspection was facilitated by the senior day care worker in Skyways and Mount Oriel. The acting manager confidently discussed the needs of the service users, governance arrangements and challenges the setting was managing at the time of the inspection. The main issue was staffing which was had recently been resolved following recruitment of new staff.

The discussion with staff and review of records revealed all staff were informed regarding legislation and best practice guidance when attending training, in team meetings, when reading policies and procedures and in staff support mechanisms such as supervision. It was identified agency staff that had been in the setting long term had received mandatory training and relevant training to care for the service users in their group, however they had not received supervision. Two staff questionnaires revealed appraisals had not been undertaken in the last year with the staff. Two recommendations are made to improve the frequency of staff supervision arrangements for temporary and agency staff which is compliant with standard 22.2, and appraisals should be delivered annually in compliance with standard 22.5.

The complaints record revealed one complaint made in July 2016 to transport regarding the bus arrangements had not been resolved. The complaint detailed the bus types supplied to this setting were not the right busses to meet the needs of the service users in this setting. The registered manager provided evidence that they had forwarded these concerns for a second time however there was no response, no plan was in place to improve the areas of dissatisfaction and the complaint was unresolved. A requirement is made for the registered persons to ensure this complaint is investigated and responded to by the right person in the trust. The outcome and action taken (if any) should be recorded in the complaints record.

The working relationships between the staff team and management were reviewed through discussion with staff and management, review of the minutes of staff/team meetings and analysis of questionnaires. In general staff feedback was positive regarding communication between management and staff which was described as clear and supportive. The staff identified the manager has an open door for staff to discuss any concerns or ideas they have and the team described they work well together.

Discussion with the registered manager regarding audits undertaken in the setting that evidence sound governance arrangements as well as safe and effective care revealed there was an audit plan in place. However there was no evidence of the audits being undertaken, outcomes or

actions required to improve practice. A recommendation is made to ensure audits are evidenced as in place and improvements are recorded for future inspections.

Four service users' questionnaires identified they were very satisfied the care was well led in this setting. The service was managed well; they knew who the manager was and could talk to them if they had any concerns. Staff responded well to them and they were asked what they would like to do in the setting. One service user wrote "I enjoy coming very much and appreciate the company, chat and the staff are all helpful". Another service user wrote "Each tutor and assistant is dedicated to their work; this can be seen in the daily activities, our suggestions as clients are considered and discussed".

The relative questionnaire stated they were very satisfied the service was managed well; staff and the manager are approachable, professional and caring, and they were informed about the complaints process.

Four staff questionnaires identified they were very satisfied care was well led in this setting. The service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

Four areas for improvement were identified regarding this domain. Three recommendations are made to improve the frequency of staff supervision arrangements for temporary and agency staff, appraisals should be delivered to all staff annually and evidence of audits undertaken should be improved. One requirement is made to ensure a complaint made in July 2016 investigated and responded to by the right person in the trust. The outcome and action taken (if any) should be recorded in the complaints record.

Number of requirements	1	**Number of recommendations**	3

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Suzanne Collins, registered 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 Manager. 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 web portal 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.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 14 (1) (c) & (d) **Stated:** First time **To be completed by:** 11 April 2017	The registered provider must ensure the action plan written following the incident on the bus is implemented by the transport team. The transport department must confirm the sharp edges on the steps of the identified bus have been made safe, there is a first aid box that is suitably stocked on the busses that serve this setting and the bus drivers have received basic first aid training. **Response by registered provider detailing the actions taken:** Registered Manager has contacted Transport Department and a response was received to record that most models of the bus involved in the incident have a rubber seal along the step. Transport have also confirmed that all drivers are informed should a service user fall/trip and cut themselves badly they MUST call for an ambulance and that the first aid box on the bus involved in the incident has been replaced by a new and fully stocked one and that these MUST be checked every day.
Requirement 2 **Ref:** Regulation 26 (4) (a) **Stated:** First time **To be completed by:** 11 April 2017	The registered provider must ensure the fire risk assessment that was due for review in 2014 is completed without delay. **Response by registered provider detailing the actions taken:** Completed on 21.2.17. Actions identified in the new fire risk assessment have been referred to Estates and will be followed up monthly to ensure timely completion.
Requirement 3 **Ref:** Regulation 24 (1) (3) & (4) **Stated:** First time **To be completed by:** 11 April 2017	The registered provider must ensure the complaint made in July 2016 to transport regarding the bus arrangements is investigated and responded to by the right person in the trust. The outcome and action taken (if any) should be recorded in the complaints record. **Response by registered provider detailing the actions taken:** The registered manager will seek a follow up and response from Transport and any further outcome or action will be recorded in the Complaints Log.
Recommendations	
Recommendation 1 **Ref**: Standard 23 **Stated:** First time **To be completed by:** 11 April 2017	The registered provider should improve the staff rota so the detail specifies the staff working and where, annual leave arrangements and cover, who is the manager or staff member acting in the manager's absence, which staff are in charge of each building and indicate role and responsibilities. **Response by registered provider detailing the actions taken:** The staff rota has been improved and updated to include all the details of staff, their roles and responsibilities, where they are working, who is in

	charge if the Manager and Asst Manager are both absent, who is in charge in the satellite site.
Recommendation 2 **Ref**: Standard 23.3 **Stated:** First time **To be completed by:** 11 April 2017	The registered provider should put in place arrangements for staff who act up in the manager's absence to complete a competency and capability assessment which evidences they are competent, capable and willing to be left in charge in the manager's absence.
	Response by registered provider detailing the actions taken: Competency assessments have been completed with both the Assistant Manager and the Group Faciitator in charge in the satellite site.
Recommendation 3 **Ref**: Standard 7.7 **Stated:** First time **To be completed by:** 11 April 2017	The registered provider should put in place arrangements for service user written agreements to be formally reviewed annually and updated as required.
	Response by registered provider detailing the actions taken: Staff have been reminded of reviewing the service user agreement annually and updating as required. A file audit system is in place to spot check this monthly and a further meeting will be held with keyworking staff to review this.
Recommendation 4 **Ref**: Standard 19.3 **Stated:** First time **To be completed by:** 11 April 2017	The registered provider should make arrangements for file audits to be implemented. Evidence of audits being undertaken and outcomes should be recorded.
	Response by registered provider detailing the actions taken: A detailed file audit has been implemented and the outcomes recorded. This will be carried out monthly and feedback given to staff on the findings.
Recommendation 5 **Ref**: Standard 8.2 & 8.3 **Stated:** First time **To be completed by:** 11 April 2017	The registered provider should put in place arrangements for the review of service users the service users meetings. Records should evidence who is meeting, that the agenda reflects service user issues and promotes their involvement; and the minutes should be accessible for the service users.
	Response by registered provider detailing the actions taken: The registered manager will ensure a format to the user minutes which will detail the participants, and their input to the agenda, and an accessible format will be prepared. The next User Forum date is 22.3.17.
Recommendation 6 **Ref**: Standard 22.2 **Stated:** First time **To be completed by:** 11 April 2017	The registered provider should improve the frequency of staff supervision arrangements for temporary and agency staff which is compliant with this standard.
	Response by registered provider detailing the actions taken: Where 6 supervision sessions were planned, to include 3 group sessions, the Registered Manager has updated the schedule to ensure that there are four individual supervision sessions through the year. The schedule includes current temporary and agency staff currently

	employed at the centre.
Recommendation 7 **Ref**: Standard 22.5 **Stated:** First time **To be completed by:** 11 April 2017	The registered provider should improve the frequency of staff appraisals so they are delivered at least annually and in compliance with this standard.
	Response by registered provider detailing the actions taken: The registered manager will continue to carry out appraisals in the month of April 2017 and use the renewed Trust format of Staff Development Reviews and the KeySkills Framework to underpin this.
Recommendation 8 **Ref**: Standard 17.9 **Stated:** First time **To be completed by:** 11 April 2017	The registered provider should improve the evidence of audits undertaken in the setting and recording of the same. Audits should be evidenced as in place and any actions taken to improve practice should be recorded for future inspections.
	Response by registered provider detailing the actions taken: A full centre audit has been devised and implemented and will be carried out monthly by the registered manager. The findings and actions required from the audit will be fed back to staff and followed up in the process of supervision.

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

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