

# Unannounced Care Inspection Report 31 January 2018



## Edgcumbe Assessment and Therapy Unit

**Type of Service: Day Care Setting**

**Address: 8 - 10 Edgcumbe Gardens, Holywood Road, Belfast  
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**Tel No: 02895 043110**

**Inspector: Priscilla Clayton**

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Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a day care setting with 55 places that provides care and day time activities for people living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Janet Brown
<b>Responsible Individual:</b> Mr Martin Joseph Dillion	
<b>Person in charge at the time of inspection:</b> Janet Brown, registered manager	<b>Date manager registered:</b> 23/12/2016
<b>Number of registered places:</b> 55	

### 4.0 Inspection summary

An unannounced inspection took place on 31 January 2018 from 10.00 to 17.40 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of their views. There were examples of good practice found in relation to governance arrangements, management of complaints accidents and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement included; recording the names of agency and bank staff within the duty roster and duty times within the staff duty roster, recording the identified choking risk of one service user within one person centred care plan and submission of retrospective notification of one safeguarding incident to RQIA.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Janet Brown, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action taken following the most recent care inspection dated 6 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 February 2017.

## 5.0 How we inspect

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

- Previous care report and quality improvement plan
- Notifications
- Verbal and written correspondence
- RQIA registration status.

During the inspection the inspector met with all service users and three staff.

The following records were examined during the inspection:

- RQIA registration certification
- Statement of Purpose
- Service User Guide
- Staff Induction programme
- Staff training
- Staff meetings
- Supervision / Appraisal programme
- Staff duty roster
- Three service user care file
- Service user agreement
- Sample of accidents / incidents
- Complaints records
- Activities programme
- Selection of policies / procedures relevant to this inspection
- Fire risk assessment.

Ten service user / representative satisfaction questionnaires were provided for distribution, completion and return to RQIA.

A poster containing information on how staff can access satisfaction questionnaires was provided for display purposes.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

**6.1 Review of areas for improvement from the most recent inspection dated 06 February 2017.**

The most recent inspection of the day care setting was an unannounced care inspection.

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

**6.2 Review of areas for improvement from the last care inspection dated 06 February 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider must report to RQIA on the returned QIP regarding the current staffing arrangements and assure RQIA they are appropriate to meet the needs of the service users, the size of the building and the statement of purpose.</p> <p>If the assessment of staffing identifies there are deficits the trust must advise RQIA what measures will be put in place to improve the staffing arrangements in this setting and include timescales regarding the same.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager advised that staffing issues had been addressed as reflected within the returned QIP to RQIA.</p> <p>The registered manager advised that there were adequate numbers of care staff to meet the assessed needs of service users in attendance each day.</p>		

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 &amp; Schedule 5</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure the records as detailed in schedule 5 are at all times available for inspection in the day care setting, even when the registered manager is not present.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager explained that Schedule 5 documents were always available within the centre and that staff had been informed on how to access electronic Datix information.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 26 (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure the heating in this building is sufficient for the needs of this service; and the electric sockets must be reviewed to ensure they are working and there is a sufficient number for this service.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager advised that heating within the centre had been addressed. All electric sockets within the red room had been reviewed / checked by the trust estates electrician.</p> <p>The centre was observed to be adequately heated on the day of inspection.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (5)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure for any service users where a restriction or restraint is detailed in the assessment and care plan information as necessary there must be a record of what behaviour led to the restriction; analysis of what this restriction will prevent and why this is considered the least restrictive measure that could be put in place that will result in the best outcome for the service user.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager advised that staff had been made aware of the importance of recording and adhering to the trust policy in regard to the use of the least restrictive practice to meet the assessed needs of service users Staff who spoke with the inspector demonstrated good knowledge and understanding. One care record reviewed</p>		

	reflected details as recommended.	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager advised that at all times, sufficiently qualified, competent and experienced persons are working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the Statement of Purpose.

The staff duty roster was reviewed and discussed with the registered manager. Action is required in regard to ensure that all staff, including agency / bank staff and actual time worked each day is recorded within the staff duty roster.

The registered manager and staff advised that competency and capability assessments were undertaken for any person who is given responsibility of being in charge of the day centre for any period of time in the absence of the registered manager; records of competency and capability assessments were retained. A sample of one completed staff competency and capability assessment was reviewed and found to be satisfactory.

Review of completed staff induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with the registered manager, staff and review of mandatory training records evidenced that mandatory training, staff supervision and appraisals was regularly provided as required. A schedule for mandatory training, annual staff appraisal and staff supervision was maintained and was reviewed during the inspection.

Discussion with the registered manager confirmed that staff were recruited in accordance with Regulation 21 of The day Care Setting regulations (Northern Ireland) 2007 and that records were retained within the human resource department of the Belfast Health and Social Care Trust (BHSCT).

Arrangements were in place to monitor the Northern Ireland Social Care Council registration status of care staff employed.

The Adult Safeguarding policy in place was dated April 2013 with a recorded review date for 2015. The registered manager explained that review and revision of the policy was a work in progress to ensure this was in compliance with the Department of Health (DoH) regional policies and procedures. The revised policy will be reviewed at the next inspection of the day centre.

The registered manager was aware of the BHSCT adult safeguarding champion and advised that the trust had implemented the new safeguarding procedures. Staff who spoke with the inspector were knowledgeable and had a good understanding of adult safeguarding principles.

They were also aware of their obligations in relation to raising concerns about poor practice and whistle blowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff on 31 May 2017. The centre's whistleblowing policy was dated 2013. The registered manager advised that this policy was currently under review. This policy will be reviewed at the next inspection to the day centre.

Discussion with the registered manager, review of accidents and incident notifications, care records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with legislation; written records were retained. Further reference to adult safeguarding is cited within section 6.7.

The registered manager advised that there were risk management procedures in place relating to the safety of individual service users. Discussion with the registered manager identified that the day centre did not accommodate any service users whose assessed needs could not be met. Review of care records identified that service users assessed needs and risk assessments were obtained prior to commencing day care.

The registered manager advised that there were restrictive practices employed within the day centre, notably fob security system at the inner hall door and back corridor door, lap strap belts on wheelchairs and one Angle safety clip which was prescribed and used for the safety of one service user while travelling home on the trust bus. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented and least restrictive measures which was agreed and reviewed in collaboration with the multi-professional team and service users relatives. Measures in place were regarded as the least restrictive practice which was necessary for the health, safety and wellbeing of service users. Staff who spoke with the inspector was aware of the legal, ethical and professional implications on the use of restrictive practice to meet the needs of service users. Records of restrictions in use were reflected within care plans. The registered manager confirmed that staff were aware of the BHSCT policy titled "Use of Restrictive Intervention" which she had discussed with care staff following the previous care inspection. Reference to restrictive practice (fob security) is made within the Statement of Purpose and Service User Agreement. All restrictive practices are monitored through the review process and / or discussion at pre-admission visit, individual case conferences, team meetings and supervision.

Review of the infection, prevention and control (IPC) policy and procedure confirmed that this was in keeping with regional guidelines. Staff training records confirmed that all staff had received IPC training in line with their roles and responsibilities. Inspection of the day centre confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand jells and disposable hand towels wherever care was delivered. Observation of staff practice identified staff adheres to IPC procedures. Staff training records evidenced that in IPC training was provided on 11 October 2017.

A general inspection of the day centre was undertaken. All areas were observed to be clean, tidy, organised, fresh smelling and adequately heated. There were no visible hazards to the health and safety of service users, visitors or staff.

The day centre had a current fire risk assessment. Recommendations made for improvement had been addressed. Fire safety awareness staff training was provided during October and November 2017. Fire drill was undertaken during September 2017. Weekly and monthly fire equipment checks were undertaken with records retained.

Service users who spoke with the inspector explained that they really enjoyed attending the day centre and that they did not have any issues or concerns.



Service users spoken with during the inspection made the following comments:

- “I really enjoy coming to the centre to meet up with people.”
- “The staff are very attentive and always available to see to all our needs.”
- “The lunches are good; choice is given.”

Staff who spoke with the inspector confirmed that a good standard of care was provided and that staffing levels had improved since the previous inspection. However, one staff member explained that there should be two staff within a particular room at all times due to the complex needs of service users. This issue was shared with the registered manager.

Two satisfaction questionnaires were completed and returned to RQIA from service user’s relatives. The respondents indicated they were “very satisfied” that the care provided was safe. Commentary made in regard to staffing was noted and shared with the registered manager.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the day centre’s environment.

**Areas for improvement**

One area for improvement identified for improvement related to the inclusion of agency / bank staff names and the daily duty times of all staff within the duty roster.

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

**6.5 Is care effective?**

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

Discussion with the registered manager established that staff in the day centre responded appropriately to and met the assessed needs of service users.

A review of three randomly selected service user’s care files confirmed that these were maintained in line with the legislation and minimum standards. Care records included; pre admission needs assessment and admission form which was completed by the service user or their representative. Information about the service user’s past and present hobbies, interests, likes and dislikes was recorded. Needs assessments were complemented with risk assessments and individualised care plans reflected identified needs including risks, interventions and progress notes. Reviews of care were undertaken following the first ten attendances and then annually or more often if required.

Three care records reviewed reflected multi-professional collaboration in planned care. Service users and/ or their relatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

The review process provides service users with the opportunity to be involved by way of completing a “My Opinion” form which includes the service user’s views and opinions and preferences on the care plan and services provided. Care records reviewed were observed to

be signed by the service user and / or their representative. Discussion with staff confirmed that a person centred approach underpinned their practice.

The identified choking incidents of two service users were discussed with the registered manager and their care plans reviewed. The registered manager advised that referrals had been made to the speech and language therapy team (SALT). One referral was made on 06 November 2017 and the other on 05 January 2018. There was no record of the identified risk within one of the two care plans reviewed. The registered manager agreed to follow up on the requests made with SALT and ensure that the risk identified and measures in place to minimise the risk is reflected within the care plan.

The day centre had a policy on choking which was dated 2017. The registered manager confirmed that staff had been made aware of this policy.

Individual service user agreement setting out the terms of residency was in place and appropriately dated and signed. Records were stored safely and securely in line with Data Protection.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals

Audits undertaken during the past year included for example; care records, accidents / incidents, complaints, environmental cleanliness, supervision and training. The annual representative questionnaire was distributed to 47 service users / representatives. The registered manager explained that the outcome was very positive with many comments made; "my mother enjoys her day out at the centre, she loves the company. I have found it difficult to understand the illness but now know with the help and support of staff I feel I can be more understanding".

Individual service user's views are also sought at the annual care reviews. Prior to the care review service users / representative complete a satisfaction questionnaire. Fifty six questionnaires were completed during 2017. Responses were very positive. Comments recorded included; "I like the staff, they are very friendly and nice to everyone." "I love to do the activities, I wouldn't do them if I was at home on my own; the atmosphere here is good, everyone seems happy to enjoy themselves."

The manager, staff and service users who spoke with the inspector advised that the registered manager operated an "open door policy to allow service users and their relatives / representatives and staff the freedom to discuss in confidence any issues or concerns that they may have.

There was also "comment leaflets" placed within the reception hallway so that anyone may record their views or suggestions.

The registered manager confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service user meetings, bi-monthly representatives / carers evening meetings, monthly staff meetings and weekly staff huddle meetings. Minutes of meetings held were retained within the centre.

Service users spoken and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with service users, their representatives.

Service user who spoke with the inspector gave positive feedback in regard to the effectiveness of the care provided within the day centre .Some comments included:

- “I really like coming to the centre, the staff are always available and help us to do things.”
- “The centre is always clean and tidy. Heating is also good, nice and warm on these cold days.”
- “The food is good, we get tea breaks as well as a good lunch.”

Staff who spoke with the inspector commented;

- “This is a good place to work, I love my job.”
- “The manager is very supportive and we have all the resources we need, staffing is better now.”
- “We receive a good range of training including safeguarding, dementia and all other mandatory training.”

Two satisfaction questionnaires were completed and returned to RQIA from service user’s relatives. Both respondents indicated they were “very satisfied” that the care provided was effective.

**Areas of good practice**

There were examples of good practice found in relation to continuous quality improvement, audits and reviews and communication between residents, staff and other key stakeholders.

**Areas for improvement**

Areas identified for improvement for improvement included the outcome / action plan of audits undertaken and the inclusion of choking risk within one care plan.

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

**6.6 Is care compassionate?**

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

Discussion with service users and one relative, staff and observation of interactions demonstrates that service users are treated with dignity and respect while promoting and maintaining their independence. Core values were reflected within the day centre’s Statement of Purpose and Service User Guide.

Discussions with staff, service users, review of activity records and observation of practice within each of the three group rooms evidenced that service users are enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests. Staff explained that each room has an established routine that promotes continuity and enhances social contact and interaction. Staff demonstrated awareness of the benefits of providing well thought out activities and effective stimulations, meeting identified needs and bringing benefits to service users to retain a sense of purpose, value, identity and meaning. Examples of therapeutic activities included; group discussions on selected topics, sensory therapy, cookery, reminiscence, exercise, quizzes, games and arts and crafts. Service users confirmed that their views and opinions are taken into account in all matters affecting them. When the day centre receives a referral the person and their carer are invited to

the centre for a pre-admission visit, meet staff, to view the centre, receive information on the service and facilities, provided with a Service User Guide and agree a commencement date.

Service user meetings are held on a regular basis with minutes recorded.

The registered manager, staff and service users confirmed that consent was always sought in relation to the provision of care including participation in arranged therapeutic activities. Discussion with service users and staff along with observed care practice and social interactions demonstrated that service users were treated with dignity and respect.

The registered manager explained that the day centre's carers support group meet on a bi-monthly basis to provide education, share information and support for people caring for an individual with dementia. Meetings provide carers with the opportunity to discuss the service provided with staff and share their views.

The registered manager advised that service users are consulted annually about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for service users and their relatives at the carers' support group meeting.

One satisfaction questionnaire was completed and returned to RQIA from a service user's relative. The respondent indicated they were "very satisfied" that the care provided was compassionate.

Service users who spoke with the inspector commented:

- "I think staff always listen to us and we are treated very well."
- "We are treated with respect."
- "Staff keep up well informed and we are consulted about the activities and we can choose if we want to join in or not."

### Areas of good practice

There were examples of good practice found in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager outlined the management arrangement and governance systems in place within the day centre. These were found to be in line with good practice. The registered manager confirmed that the needs of service users were met in accordance with the day centre's Statement of Purpose.

The registered manager advised that the management and control of operations was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA registration certification was displayed.

There was a clear organisational structure which was outlined within the Statement of Purpose and Service User Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the centre by way of the current trust organisational line management, supervisions and management meetings held.

A range of corporate policies and procedures were in place to guide and inform staff. Policies were in the main held electronically with several copies in hard format. Staff who spoke with the inspector advised that they were familiar with the policies held and that they could access these at any time.

The registered manager had developed an annual quality report (2017) in accordance with Regulation 17 (1) of The Day Care Setting (Northern Ireland) 2007. This report which was retained in the day centre was viewed by the inspector and a copy retained by RQIA.

There was a complaints policy and procedure which was in accordance with legislation and DoH guidelines on complaints handling. Service users and their relatives were made aware of the complaints procedure by way of the Service User Guide, poster and leaflets available, and through discussions at carers support group meetings. Staff who spoke with the inspector were knowledgeable about the procedure to follow if a complaint was received.

Records of complaint were retained. One complaint relating to staff attitude had been received since the previous care inspection held on 06 February 2017. Discussion with the registered manager and review of records retained evidenced that this complaint was appropriately managed and resolved to the complainant's satisfaction.

Review of accidents / incidents and discussion with the registered manager evidenced that these were recorded and notified when required to RQIA. The registered manager explained that accidents/ incidents were being monitored and audits undertaken in order to identify trends and patterns. Notifications of accidents / incidents are forwarded to the assistant services manager and the trust governance officer in accordance with the trust policy. In addition accidents / incidents are monitored by the trust professional who undertakes monthly monitoring visits on behalf of the registered provider (chief executive). Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. Reference is made to methods utilised within section 6.5 of this report.

A monthly monitoring visit was undertaken as required under Regulation 28 of The day Care Setting Regulations (Northern Ireland) 2007; a report was produced and made available for service users, their representatives, staff, trust representatives and RQIA to read.

The registered manager advised that five adult safeguarding allegations had been received during 2017; one in relation to unexplained bruising, three were in relation to incidents which

was reported to have occurred at the service users own and one which was reported within the day centre. Three of the alleged incidents were screened out by the safeguarding team with no established signs of abuse. One safeguarding allegation was reported to be ongoing. The registered manager explained that no serious harm was sustained as a result of the reported incident. Records of the allegation and ongoing investigation were made and retained.

The registered manager agreed to submit a retrospective notification of one safeguarding allegation dated 11 April 2017 to RQIA and details of the outcome of investigation.

Discussion with staff confirmed that there were good working relationships within the day centre and that management were responsive to suggestions and or concerns raised.

Service users spoken with during the inspection made the following comments:

- “I feel this centre is very well managed.”
- “If I had any complaint I would not be afraid to let the manager know.”
- “We are very well cared for here and the staff are just great.”
- “I think the staff are very well trained and know what they are about.”
- “Staff are always friendly and well mannered.”

Staff who met with the inspector made the following comments:

- “There is very good team work within the centre and we feel we are very well supported by the manager.”
- “We have monthly staff meetings and staff huddles each week which keep us up to date.”
- “Our service users are very well looked and we ensure their needs are met; any difficulties in this regard would be reported to the manager.”

Two satisfaction questionnaires was completed and returned to RQIA from service users’ relatives. Both respondents indicated they were “very satisfied” that the care provided was well led.

### Areas of good practice

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

### Areas for improvement

There was one area of improvement identified in relation to submission of one safeguarding notification and details of the outcome of investigation.

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

## 7.0 Quality improvement plan

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

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

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

### **7.1 Areas for improvement**

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

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

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

## Quality Improvement Plan

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.7 (Appendix 3.7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 05 February 2018</p>	<p>The registered person shall ensure that staff, including agency / bank staff and actual shifts worked each day is recorded within the staff duty roster.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> There is a staff rota in place which reflects staff contracted hours. In addition from 05/03/2018 an additional rota has been introduced which reflects the daily cover arrangements including staff's actual working hours and bank and agency hours.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person shall follow up the request for choking assessments of two service users and ensure that the care plan of one service user reflects the identified risk and measures in place to minimise the risk</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The manager has followed up on two service users who both experienced one off choking type incidents and were referred to Speech &amp; Language Therapy (SALT) for assessment.</p> <p>The manager has discussed this recommendation with staff and stressed the importance of ensuring that care plans are updated as service user needs change. A system is in place for the regular audit of care plans.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 March 2018</p>	<p>The registered person shall submit to RQIA retrospective notification of one safeguarding allegation dated 11 April 2017 including details of the outcome of investigation.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> On the 22.2.18 the manager retrospectively submitted RQIA notification of the outstanding Adult safeguarding allegation dated 11.4.17. The referral was screened out by ASGT due to the protection plan already put in place by Service Manager, Assistant Service Manager and Day Centre Manager .</p>

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





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