



The Regulation and  
Quality Improvement  
Authority

Mountview Assessment and Resource  
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**Unannounced Care Inspection  
of  
Mountview Assessment and Resource Centre  
incorporating Mountview Workskills, Mountview Social  
Group and Mountview Horticultural Unit**

**10 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 10 November 2015 from 10.00 to 15.30 and on 11 November 2015 from 09:15 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

The details of the QIP within this report were discussed with the Seamus Laird, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> South Eastern HSC Trust/Hugh Henry McCaughey	<b>Registered Manager:</b> James Joseph Laird	
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mr Seamus Laird (James Joseph Laird)	<b>Date Manager Registered:</b> 26 February 2009	
<b>Number of Service Users Accommodated on Day of Inspection:</b>	<b>Number of Registered Places:</b> 150	
	10/11/15	11/11/15
Scout hall	25	28
Mountview	75	70
Hollyview	13	15
<b>Total</b>	<b>113</b>	<b>113</b>

### 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 which revealed a variation had been received since the last inspection. This was to make minor changes to the number of service users and this had been approved;
- incidents notification which revealed 79 incidents had been reported to RQIA in the last 12 months. Review of the inspectors assessment did not reveal any concerns;
- written and verbal communication received since the previous care inspection which revealed the manager had written to RQIA to advise they were no longer using the premises called Lecale. This was removed from the registration and the statement of purpose was amended to reflect this change and the number of service users. This was submitted to RQIA;
- The pre-inspection information also included a review of the returned quality improvement plan (QIP) from the care inspection undertaken on 10 & 11 February 2015. There were four requirements, two restated for a second time and two recommendations, one had been restated for a second time.

During the inspection, care practices were observed by the inspector and a tour of the general environment took place. During the inspection the inspector met with four service users and one staff member in the scout hall. In Mountview the registered manager, all of the staff and service users were spoken to and in the horticultural unit (Hollyview), 10 service users and two staff were spoken to. One representative/family member spoke to the inspector in Mountview and there were no visiting professionals available for discussion during the inspection.

The following records were examined during the inspection:

- the settings statement of purpose and service user's guide;
- two service users individual care records in the scout hall;
- 12 service users individual care records in Mountview. These records included care plans, assessments and review documentation.
- one complaint/issue of dissatisfaction;
- a sample of the settings monthly monitoring visit records (regulation 28) from January 2015 to August 2015;

- a sample of the settings incidents and accident records from January 2015 to September 2015;
- the settings annual quality assurance report;
- 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 announced care inspection dated 10 & 11 February 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 28 (3)	<p>The registered person must make appropriate arrangements to ensure the Mountview day centre is visited at least once per month for a regulation 28 visit. The Horticulture unit; Lecale and scout hall which are satellite services must also be visited as part of the monitoring visit.</p> <p><b>Action taken as confirmed during the inspection:</b> Regulation 28 visit monitoring reports were reviewed for August, September and October 2015; this confirmed the frequency of visits had been improved. The reports were available and up to date at the time of inspection.</p>	<b>Met</b>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 28 (4)	<p>The registered person must make arrangements to improve the monitoring visits and the quality of the reporting. For example monitoring could be improved by examining records of staff meetings; reviewing quality assurance surveys; quality assurance audits such as hygiene, environmental, records, progress with training, examination of the use of restraint, accident incident recording. The report must include statements regarding the overall conduct of the day care setting.</p> <p><b>Action taken as confirmed during the inspection:</b> Regulation 28 visit monitoring reports were reviewed for August, September and October 2015; and this confirmed the content had been improved in this regard.</p>	<b>Met</b>
<b>Requirement 3</b>  <b>Ref:</b> Regulation	<p>The registered person should report to RQIA the trusts schedule for refurbishment of the remainder of the premises. This should include minor works such</p>	<b>Partially Met</b>

26 (2) (b)	<p>as redecoration where areas have exposed plaster and layers of paint, and use of furniture in the setting to ensure it is conducive to the needs of the service users and the service.</p> <p>The report must take into account the specific needs, of service users and indicate timescales for works.</p> <p><b>Action taken as confirmed during the inspection:</b> The discussion with the manager confirmed the estates department had reviewed the environment and had a list of improvements to be made. However, the timescale for these works was not available and the manager explained he has not been advised of the plan to complete the works. This is restated for the second time with the focus on timescales must be stated for works to be completed in the requirement.</p>	
<p><b>Requirement 4</b></p> <p>Ref: Regulation 24 (3) &amp; (4)</p>	<p>The registered manager must ensure the complaint recorded in the complaint record is reviewed. Further work must be completed to ensure the complainant is formally written to regarding the outcome of the complaint and this must detail any action proposed to address the complaint. The complaint record must detail if the complainant is satisfied with this outcome and if they are not what action and or advice has been given.</p> <p><b>Action taken as confirmed during the inspection:</b> The returned QIP detailed this had been addressed following the inspection. The examination of the complaint record confirmed this outcome had been achieved.</p>	<b>Met</b>
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b></p> <p>Ref: Standard 15.5</p>	<p>The registered person should make arrangements for the regulation 28 visits to comment on the quality of reviews undertaken, for example the preparation for the meeting is consistent and the process is person centred.</p> <p><b>Action taken as confirmed during the inspection:</b> The PCP review is clearly recorded within each service user's individual record. The review of a sample of these records did not identify any concerns. The monitoring report details service user records inspected.</p>	<b>Met</b>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.4</p>	<p>The registered manager should review the trust transport arrangements for the service user whose parent raised this with the inspector their relative is on trust transport for over one hour. Transport journeys should not normally exceed 45 minutes, therefore this journey must be reviewed and an improvement should be made to comply with this standard.</p> <p>This complaint must also be recorded in the complaint record with the outcome recorded once the review of these arrangements has been completed.</p> <p><b>Action taken as confirmed during the inspection:</b> The returned QIP detailed this had been addressed following the inspection. The examination of the complaint record and discussion with the registered manager confirmed this outcome had been achieved.</p>	<p><b>Met</b></p>
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### 5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

There is a continence promotion policy and procedure in place dated May 2015. The content is basic and could include procedural information regarding how staff promote continence. For example agreeing a discrete way of communicating when service users need the bathroom, ensuring signage of toilets, ease of access, types of chairs service users sit in, staffing arrangements etc. Advice was given to the manager in this regard.

Review of ten service users' records showed in contrast to the policy and procedure staff do actively seek service users and their representatives' views and incorporate these into practice. Staff were careful to record non-verbal indicators as well as verbal, to ensure that service user's choices and preferences are clearly recorded for all staff. Similarly any issues of concern, complaints or risks had been recorded and a plan to address this was in place.

Discussion with staff showed they were aware of the variety of continence products their service users use and there was Personal Protection Equipment (PPE) available for staff to use in the bathrooms. During the inspection the discussion with staff included ensuring care practice reflects current infection control guidance. For example having wipeable cupboards in the bathroom, making sure continence products are not left out in the open. In conclusion the inspection of the bathroom areas showed staff practice was reflective of current infection control guidance. Furthermore staff discussed they had received training in the areas of continence promotion and infection prevention and control. Training records provided the evidence that this had been delivered to all staff.

Observations of the environment in the main centre did not identify any concerns regarding odour however, some areas of the bathrooms were in poor repair; with areas of exposed plaster and wood. A requirement is restated in regard to improving the environment in this setting.

In the scout hall the tour of the environment identified the bathrooms have a strong odour of disinfectant that made my eyes smart within a few seconds. The disinfectant seemed to be masking an overall odour of urine. This is not acceptable because if during an inspection this was uncomfortable it has to be assumed using the bathroom is not comfortable. The area should be reviewed by the manager and a more service user friendly way of managing the odour should be used. A requirement is made in this regard.

10 service users spoke with the inspector about the bathroom facilities and their care plans. This revealed they know where the bathrooms are and they are clean. The service users spoken to were mostly independent but also said they could ask for staff assistance if they felt they needed it.

The 10 service users completed RQIA inspection questionnaires during the inspection and they reported the service users felt satisfied to very satisfied that they are safe and secure in the day care setting and staffing levels are appropriate at all times. Comments made were "People watch out for us all the time, staff are with us and help us and we are safe".

Nine inspection questionnaires were completed by staff during the inspection; these reported they were very satisfied to satisfied regarding the training provided in all areas except for two staff who were not satisfied with training in mental health and dementia; and one staff member who was not satisfied with training regarding whistleblowing. This was discussed with the manager and he gave an assurance he will address this with staff generally to ensure all staff are fully aware of the whistleblowing policy and identify if any additional training is needed in mental health or dementia awareness. All staff reported they felt very satisfied to satisfied service users receive timely support from staff and professionals; and nine staff reported they were satisfied to very satisfied equipment required to meet assessed needs is received in a timely manner. One staff member was not satisfied with this and the manager will discuss this generally to ensure that there are no issues regarding timeliness that have not been addressed by staff. Comments made were "Training is always ongoing and updated annually or as required. Core values are displayed on the wall and training needs or requirements are discussed at supervision 4 to 6 weekly"; "I feel the training provided both internally and externally for staff is very good and extremely relevant to our service". I enjoyed attending the above training courses especially mental health and continence management.....extremely beneficial". "We have good support from the multi-disciplinary team". "I am happy and satisfied that I am provided with all relevant training required in order to do my job". Overall these responses identified in the main training was relevant to practice and the service user group and this was supporting good standards of practice in this setting.

One of the 10 questionnaires identified the staff member was unsatisfied with the centres environment and made the following comment: "Needs updating, purpose built preferably". The inspector does agree the older parts of this day care setting including the behavioural unit could be updated to improve how the environment assists staff in meeting the service users' needs. However the during the inspection the manager was clear he is continuing to advocate for renovation of the remainder of the centres environment, the trust have said they do not have funding available this year. The manager assured the inspector he will continue to raise the environment with the aim of improving the space where service users are cared for and ensure the space available is consistent with the day care setting standards.

Overall the inspection concluded staff have a proactive approach to ensuring continence needs are met in a safe way in this day care setting however, the environment (as identified in

the inspection of safe care, should be improved to assist staff in continuing to provide safe care.

### **Is Care Effective?**

There were appropriate supplies of continence products and staff were aware of how to meet assessed needs and staff said they have unrestricted access to these.

There was adequate supplies of and ease of access to Personal Protective Equipment (PPE) for staff.

Staff discussed they had received appropriate education and training in continence promotion prior to this inspection. This was delivered for all the staff and covered assessment and products. Staff reported they are satisfied they have the knowledge and skills to meet service users identified needs in continence care. The staff reported they were aware of the need to speak to service users, representatives and or family members to raise any concerns they have regarding continence. They understood they could make a referral to the continence team; and evidence of them doing so was recorded in service user's individual records which were inspected.

Discussion with service users confirmed they felt they are being listened to by staff. They gave examples of how they can influence the activities they take part in and plans for the day care setting. Overall the inspector identified service users did feel their independence is being promoted.

One representative gave feedback during the inspection about the care of their relative in Mountview. They said they felt the setting and care was very well organised and they particularly liked the diary that goes from home to the centre. They felt this was a great source of information and good example of how to communicate regarding all needs including continence concerns. They said their relative loves mixing with others and the activities they can do and they can see a difference in him. His confidence has grown and he will take part in most things. The relative also complimented the staff who involved her in the planning stages when he transitioned from school to day care, this was an important as they felt they could advocate for what was best for their relative.

Ten service users spoken to during the inspection reported they felt satisfied to very satisfied staff know how to care for them and staff respond to their needs. Service users commented "staff read our plan"; and "I like staff because they know everything about us but if they don't they will ask you"

Nine staff responded in inspection questionnaires post inspection that they are very satisfied to satisfied they have access to supplies which support service users and access to PPE. Finally staff reported they have sufficient knowledge, skills and experience to support service users who attend the day centre. Staff members commented "Most service users attend to their own personal care"; two staff members wrote "yes I would have sufficient knowledge to assist and support a service user". "We have all PPE we require and continence products arrive as requested. I can confidently say we have good knowledge or all of our service users and have in place best practices with which to support them in personal care". "There are PPE equipment available in every room – satisfied that supplied of continence and PPE are readily available". Overall these comments identify that practice is effective in this area and did not raise any concerns.



The inspection concluded staff are effectively using their knowledge of each individual service user to support individuals with their continence needs.

### **Is Care Compassionate?**

Overall during observation of practice and when discussing care with staff they presented as knowledgeable and did reflect a person centred approach when discussing service users' needs and how they tailor their care to meet those needs. The service users that were independent in their intimate care discussed they were happy they knew where the toilet was, it was accessible for them and it was clean for them to use. Discussions with staff evidenced staff use informed values such as promoting dignity, choice and privacy when providing continence care and support

10 service users on the day of the inspection felt they were satisfied to very satisfied with the care and support they received. They said "staff are good to us"; "all staff are good to us in the scout hall they know what to do". "if you get stuck, staff will help you".

Eight staff reported in the questionnaires that they are satisfied to very satisfied service users are afforded privacy, dignity and respect at all times and they are encouraged to retain their independence and make choices; they are satisfied they have time to talk to and listen to service users; and the care provided is based on service users' needs and wishes. One staff member reported they are not satisfied care is based on individual service users' needs and wishes. This was highlighted with the manager and assurances were made this would be investigated further to ensure all possible measures are in place to ensure care is based on individual service users' needs and wishes

In conclusion the observation of practice during this inspection showed staff are compassionately meeting the service user's individual continence needs and support service users to meet their own needs when possible.

### **Areas for Improvement**

Two areas of improvement were identified regarding: the service users care plan - Where appropriate service users receive individual continence promotion and support:

One requirement is being restated to address the environment including areas of the bathrooms that were in poor repair with areas of exposed plaster and wood that should be made good.

One requirement is made regarding the strong odour of disinfectant in the male toilet in the scout hall. The area should be reviewed by the manager and a more service user friendly way of managing the odour should be used.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 inspection of records and observation of practice in Mountview and the satellite centres; the horticultural unit and the scout hall (workskills and social group) provided examples of staff actively seeking service users' views on a day to day basis and their representatives' views. These had been incorporated into practice and choices, issues of concern, complaints or risks had been recorded and acted on.

There was trust and day centre policies regarding:

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives
- general communication arrangements
- safe and healthy working practices.

The 10 needs assessment, risk assessments and care plans reviewed as part of this inspection provided evidence they had been kept under continual review, amended as changes occurred. They had been kept up to date to accurately reflect at all times the needs and preferences of the service user, including communication and promoting service user involvement in decision making. The staff use person centred planning documentation which encourages service users to be fully involved in their care plan and review of the same. The file inspected showed the needs assessments and care plans had been appropriately signed

The inspection confirmed staff have the skills and motivation to communicate effectively with service users and they use this information to ensure care is safe and responsive to need.

### Is Care Effective

There was a range of methods and processes where service users' and their representatives' views were sought, recorded and included details of the action taken such as care planning, service user consultation, day to day communication. The service users and one relative complimented the home to centre communication books; they found them informative and a good way to pass information between the centre and home.

Examples of communication and gathering views inspected were:

- **Client Committee Meeting:** These had been held monthly and the records for July, August and October 2015 were sampled. The record showed service users are encouraged to raise issues, choice; and preferences. There was good discussion regarding activities, food, and there were comments that were complimentary about staff. Staff had facilitated the meetings and it was noted they either resolve issues brought up or if this is outside of their role and responsibility; pass it up to the manager and review at the next meeting.

- **Carers Satisfaction survey:** This was started in June 2015, it raised issues such as the communication book not coming home, and one issue regarding not enough detail in communication book. Staff are addressing these issues raised.
- **Monthly Monitoring reports:** August, September and October 2015 were sampled. There was a range of unannounced and announced visits in the main centre and satellite units. Service users and relatives/representatives comments were sought as part of this process.
- **Complaints:** There was only one complaint recorded from January 2014 to the day of the inspection and this was responded to and dealt with as a local matter. The complainant was given a satisfactory response and no further issues were raised.
- **Supervision:** four of the staff's supervision records were sampled and this identified the frequency of meetings was in compliance with the day care settings standards; and there is a focus on client centred discussion.

Discussion with service users identified they like being in day care and staff help them to say what they feel or want to happen. They were all familiar with their person centred plan and said they had been involved in this. This showed service users felt their choices, preferences, opinions or suggestions had been facilitated or implemented and they did feel they are listened to by staff.

The following policies were accessible for staff however three of the dates indicated they should have been reviewed and updated. A recommendation is made in this regard:

- inspections of the day care setting
- consent - this policy was an trust policy dated May 2006
- management, control and monitoring of the setting
- quality improvement - this policy was an trust policy dated 2005
- complaints - this policy was an trust policy dated 2009.

The inspection confirmed the staff in this setting has the skills, opportunity and motivation to effectively seek service user's views, opinions and preferences and this information is used to inform day care delivery.

### Is Care Compassionate?

This inspection observed service users being listened to and responded to by staff that were knowledgeable about their communication needs and were compassionately responding to them.

Discussion with 10 service users confirmed they felt they do have processes in place to discuss their views such as the social group meetings where they talk about activities, art and craft and outings. They reported in the questionnaires they were satisfied to very satisfied that their views and opinions are sought about the quality of the service. They commented "I have ideas too; they (staff) help us talk". "I like being in Hollyview". Furthermore it was observed during this inspection that the service users were informed and consulted regarding this inspection; and staff encouraged them to speak openly to the inspector.

One staff member reported in the RQIA questionnaire that they are unsatisfied with the systems in place to seek service user's views and opinions. No comments were made and this is in stark contrast to the outcomes of this inspection and the other nine questionnaires

received. The manager has agreed to discuss this with staff generally to identify if there is any further work required in this area to compassionately meet service user's needs.

Ten staff reported they feel satisfied to very satisfied they have time to talk to and listen to service users; service users are involved in the running of the centre, management respond and take appropriate action regarding improvements, issues, concerns or complaints and service users are kept informed regarding changes.

Staff made the following comments: "all notifications or information is shared with clients, family members/carers. Two way diaries, phone or letters are sent home". "Within my group I would hold group meetings/discussions to obtain service users views on activities etc. Service users' committee meetings are also extremely beneficial and occur regularly. Pre-review work is also important and carried out. PCP reviews are beneficial and form a basis to discuss programmes and develop routines/schedules based on what the person wants to do". "Weekly meetings for staff and forums for next of kin or advocates, along with annual reviews provide sound opportunities for all views to be heard. Some changes especially transport are beyond our control and can be affected last minute". "I have found Mountview ARC and its staff and management a centre which has always held the interests of care of service users foremost in its practice". "Letters, notes are sent well in advance of any closures or changes".

In conclusion this inspection confirmed the staff use a compassionate approach to gather service user's views, opinions and preferences.

### Areas for Improvement

One area of improvement was identified regarding 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 that the following policies and procedures are reviewed and updated in compliance with standard 18:

- consent - this policy was an trust policy dated May 2006
- quality improvement - this policy was an trust policy dated 2005
- complaints - this policy was a trust policy dated 2009.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Seamus Laird, registered manager 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](mailto: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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref:** Regulation 26 (2) (b)

**Stated:** Second time

**To be Completed by:**  
06 January 2016

The registered persons should report to RQIA the trusts schedule for refurbishment of the remainder of the premises. This should include minor works such as redecoration where areas have exposed plaster and layers of paint, and use of furniture in the setting to ensure it is conducive to the needs of the service users and the service.

The report must take into account the specific needs, of service users and timescales for works must be stated in the returned QIP.

**Response by Registered Person(s) Detailing the Actions Taken:**

The Estates department have completed work to repair all damaged interior walls. Care staff working alongside service users have created art pieces to help improve the décor in communal areas of the building.

The Regulated Services Manager and Acting Operations Manager have scheduled a meeting with the Assistant Director for Estates Services on 12 January 2016 to discuss this requirement and agree an Action Plan which will satisfy the interests and expectations of all stake holders.

#### Requirement 2

**Ref:** Regulation 18 (2) (e)

**Stated:** First time

**To be Completed by:**  
06 January 2016

The registered manager must review the toilets in the scout hall and address the strong odour of disinfectant in the male toilet. A more service user friendly way of managing the odour should be used. Action taken should be reported in the returned QIP.

**Response by Registered Person(s) Detailing the Actions Taken:**

The registered manager met with the management committee responsible for the Scout Hall who have agreed to replace the floor covering the male toilet area and install air fresheners and cease use of disinfectant blocks in urinals.

### Recommendations

#### Recommendation 1

**Ref:** Standard 18

**Stated:** First time

**To be Completed by:**  
06 January 2016

The registered persons should review and update the following policies and procedures in compliance with this standard:

- consent - this policy was an trust policy dated May 2006
- quality improvement - this policy was an trust policy dated 2005
- complaints - this policy was a trust policy dated 2009.

Confirmation that this has been completed and the revised documents are accessible for staff should be stated in the returned QIP.

**Response by Registered Person(s) Detailing the Actions Taken:**

The Assistant Director responsible for Risk management has confirmed that the policies on Consent and Quality improvement will be revised and upon receipt will be issued to all staff by the registered manager. The complaints Policy has already been revised and forwarded to the

	inspector. A local policy is also in place for the day centre in relation to the above three areas, these local policies are kept up to date and regularly reviewed.		
<b>Registered Manager Completing QIP</b>	Seamus Laird	<b>Date Completed</b>	21/12/2015
<b>Registered Person Approving QIP</b>	Bria Mongan	<b>Date Approved</b>	25/1/2016
<b>RQIA Inspector Assessing Response</b>	Suzanne Cunningham	<b>Date Approved</b>	10/02/2016

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