



The Regulation and
Quality Improvement
Authority

Ravara Training & Resource Centre
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Kilcooley Estate
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BT19 1SD

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

17 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 17 September 2015 from 10.00 to 16.30. Overall on the day of the inspection the Day Care Service the care with regard to care planning and service user's involvement was generally safe, effective and compassionate. The Inspector did identify some areas for improvement with regard to staffing and the environment. These are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP this inspection was carried out earlier than scheduled following information being given to RQIA regarding concerns staffing arrangements are not adequate in this day care setting and service users' needs are not being met.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection. However in addition to the unannounced inspection visit on 17 September 2015, further information was requested from the trust regarding staffing arrangements. An assurance was sought from the trust that staffing arrangements would be addressed immediately to ensure safe, effective and compassionate care was being delivered in this setting. Assurances and a plan were also sought from the trust regarding improvements to the environment in this setting, in response to the findings of this unannounced visit. The trust submitted an action plan on 28 September 2015 which provided a plan to address each issue raised during this inspection. This provided adequate assurance, at this time, the trust had taken appropriate measures to ensure care in this day care setting is safe, effective and compassionate and compliant with the day care setting standards and regulations.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	0

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

2. Service Details

Registered Organisation/Registered Person: Hugh McCaughey South Eastern Health and Social Care Trust	Registered Manager: Bellinda McCormack (Acting)
Person in Charge of the Day Care Setting at the Time of Inspection: Bellinda McCormack (Acting)	Date Manager Registered: Acting since October 2012
Number of Service Users Accommodated on Day of Inspection: 70	Number of Registered Places: 82

3. Inspection Focus

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

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

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

4. Methods/Process

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

Prior to inspection the following records were analysed: the registration status of the service; incidents notification which revealed eight incidents had been reported to RQIA in the last 12 months; written and verbal communication received since the previous care inspection which included an anonymous call to RQIA duty officer regarding staffing concerns in this setting which the caller stated was impacting on meeting service user's needs. The returned quality improvement plan (QIP) from the previous care inspection was reviewed which revealed no requirements and one recommendation had been made at the last inspection.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection the inspector met with 13 service users, the acting manager, five staff and three representatives/family members. There were no visiting professionals. Nine staff and two service users returned RQIA inspection questionnaires post inspection and the results are integrated into this report.

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

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 26 January 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.7	Several examples were noted of records that had been signed by a staff member but not dated and the registered person should ensure that dating of records becomes standard practice for all staff.	Met
	Action taken as confirmed during the inspection: The review of four service user individual files containing recording, care plans, review documentation and assessment information evidenced this had been improved.	

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

Is Care Safe?

There is a trust continence promotion policy and procedure in place. There is also a local continence policy and procedure dated July 2015, this focusses on implementation of recent improvements and developments in this programme of care and aims to promote continence. The review of four service users files demonstrated continence assessments were in place where required, and the care plans detailed continence needs and how those needs should be met by staff, including staffing levels. The review had included service user and or relative's preferences and opinions regarding care.

The four needs assessments, risk assessments and care plans inspected had been kept under continual review, amended as changes occurred and kept up to date to reflect the needs and preferences of the service user. The needs assessment and care plans had been appropriately signed.

The discussion with staff and the tour of the environment revealed staff are aware of continence products and use Personal Protection Equipment (PPE). The inspector concluded care practice reflects current infection control guidance. Observations of the environment revealed there is adequate storage for PPE and continence products, storage was in keeping with infection control guidance in the large bathrooms near the Intensive Support Unit (ISU). The inspector did note the bathrooms require painting on the walls and door frames where the wheelchairs have shaved away the paint and frames when entering and exiting the bathrooms. In the larger bathrooms where more independent service users the facilities there was a foul odour which the manager reported is common after morning tea. The trust should review the air extraction and

air flow in the bathroom. Consideration should be given to using air fresheners or air neutralising products which are safe to use with this service user group. A requirement is made regarding the environment in Ravara.

Staff received training in the areas of continence promotion on 14 May 2015.

13 service users spoke with the inspector about the bathroom facilities and their care plans in this regard. This revealed they feel safe and secure in the day care setting but identified they do have to wait for staff to open doors for them because they do not automatically open which doesn't help when they want to be independent. The bathrooms were identified as old but they did say they can access the bathrooms with staff help.

Two service users / relatives returned RQIA inspection questionnaires 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. One carer reported "Ravara is an excellent facility for my disabled son. "The care and attention he receives from the staff is second to none. He loves his time there".

Nine inspection questionnaires were returned to RQIA by staff after the inspection, these reported they were very satisfied to satisfied regarding the training provided, satisfied service users receive timely support from staff and professionals, eight staff reported they were satisfied to very satisfied equipment required to meet assessed needs is received in a timely manner. Comments made identified the training they had received and how this is being integrated into practice to improve outcomes for service users. Staff also identified supervision, the KSF meeting, the whistleblowing policy, team meetings; and training as supporting good standards of practice in this setting.

Six of the nine questionnaires identified staff are unsatisfied to very unsatisfied with the centres environment and made the following comments: "Often the lack of space and staff can be an issue"; "lack of space"; "the centre needs modernised but the staff maintain a very high standard of care enabling the environment to be safe for service users"; "building small, lots of large wheelchairs, no storage"; "more space would be beneficial ie storage, equipment". The inspector does agree the environment in this setting is not conducive to enabling staff to meet the service users' needs and a requirement is made to review the environment with the aim of improving the space available to care for service users 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 should be improved to assist staff in continuing to provide safe care.

Is Care Effective?

The inspection of the environment and discussion with staff revealed the service users bring in their own supplies of continence products and staff have access to a stock of spare products if they have been forgotten. Staff were aware of how to meet assessed needs and staff have unrestricted access to the products and PPE.

Discussion with Service users confirmed they can access the bathrooms with assistance or if they are independent; when they need to. They told the inspector if they need help staff do assist them even if it is not in their plan.

Representatives spoken to during the inspection reported they feel listened to and can discuss with staff any issues at any time. There is a communication book for each service user which passes information regarding routine including continence between home and the day care setting. Relatives confirmed they are listened to, report good relations with staff and said there is effective communication with the centre.

13 service users spoken to on the day of the inspection reported they feel very satisfied staff know how to care for them and are very satisfied staff respond to their needs however, they did question staffs timeliness and availability. One service user said "it's all about common sense; they know what they're doing". Another said "I just have to ask (for help), but they do need more staff. They have to call for another carer". The service user went on to explain they have to wait for someone to cover the room because the staff in the room know how to care for them but if they need to go to the bathroom; another staff member needs to be in the room while they are gone. It was clear in this room there was only one staff member present. During my visit there was eight service users seated in chairs and four service users in wheelchairs. The four in wheelchairs had medication needs, specific communication needs, and complex care plans regarding basic care needs. The eight service users were independent in some areas but needed supervision for mobility or medical reasons. Therefore the Inspector was clear one staff member in this room was not acceptable as a staffing arrangement and this was fed back to the acting manager on the day of the inspection.

Post inspection two inspection questionnaires were returned to the inspector by service users and their relatives who reported they feel very satisfied staff know how to care for the service users and are very satisfied that staff respond to their needs.

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. One staff member commented "All service users plans updated at yearly P.C.P. or as and when required".

The Inspection concluded staff are effectively using their knowledge of each individual service user to support individuals with their continence needs. However it is also clear the staffing arrangements in this setting requires significant improvement to meet the assessed needs of the service users in this setting.

Is Care Compassionate?

This inspection reviewed four service users records, discussed practice with staff and observed practice, this concluded staff are knowledgeable regarding continence care, they had sought and received training, they demonstrated they have a person centred approach to care which was reflected in their assessment and care planning documentation. Staff do offer compassionate support and care when meeting individual's continence needs.

Discussion with service users and their representatives confirmed they are satisfied that staff approach to care is compassionate, effective and safe. 13 service users on the day of the inspection were very satisfied with the care and support they received. They said "staff are very good but there should be more staff to do all that needs done. We all have different needs and sometimes there is not enough staff to do planned activities". "Staff are in and out, but when they are looking after us they are good". The changing staff is hard, we like a routine, it would

be better if we had permanent staff." In conclusion staffing was raised as a significant issue of concern from the anonymous caller to RQIA. The concern staffing arrangements require improvement was confirmed during this inspection when observing practice and during discussion. Therefore a requirement is made to improve staffing arrangements in this setting.

Two inspection questionnaires were returned to RQIA post inspection which reported service users and relatives were very satisfied with the care and support they receive in the day centre. One relative commented "The staff provide an excellent service considering the facilities they have to work in. It's time Ravara gets the upgraded building it deserves".

Nine 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.

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

Areas for Improvement

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

A requirement is made that the responsible person must make appropriate arrangements for an assessment of the staffing numbers and distribution of staff in this day care setting. The staffing numbers and distribution of staff across the setting must be appropriate to meet the number of service users in the setting, the assessed needs of the service users, the size of the day care setting, and the statement of purpose. The outcome of this assessment should be reported to RQIA on the returned QIP with an action plan of what will be put in place to improve staffing arrangements in this setting.

Two requirements are made that the responsible person arranges for the environment to be reviewed in this day care setting against the day care setting standards for premises. In this section it has been identified:

- The bathrooms require painting on the walls and door frames where the wheelchairs have shaved away the paint and some of the frame when entering and exiting the bathrooms. In the larger bathrooms where more independent service users the facilities there was a foul odour which the manager reported is common after morning tea.
- The trust should review the air extraction air flow in the bathroom and consider using air fresheners or air neutralising products which are safe to use with this service user group.

Number of Requirements	3	Number Recommendations:	0
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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 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. Records showed 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

One group of service users during this inspection identified the staffing levels are not appropriate at all times. They discussed this impacts on staff availability to meet their basic needs as well as facilitate the advocacy group. This view is consistent with the information received by RQIA that staffing arrangements are not adequate in this day care setting and the examination of standard 5. A requirement is made in this regard.

The inspection confirmed staff have the skills and motivation to communicate effectively with service users and 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 are sought, recorded and include details of the action taken such as care planning, service user consultation, day to day communication. The examples viewed demonstrated service users are enabled to be involved in and given opportunities to influence the running of the day care setting and service users (or their representative) had participated in decisions about the care and support services they receive in the day care setting.

There are policies regarding:

- Inspections of the day care setting
- consent
- listening and responding to service users' views
- management, control and monitoring of the setting
- quality improvement
- complaints

The Inspection of documentation and discussion with service users identified staffing arrangements must be improved in this setting. The inspection of the monthly monitoring reports for August; July; and June 2015 identified staffing had been looked at and levels had been recorded. However there was no evidence that staffing arrangements had been examined to determine were service users' needs being met on the day of the visit. Comparing staff numbers during these visits with the number on the day of the inspection, a walk around and discussion with staff and service users should have easily identified staffing levels were not adequate. The acting manager reported she had raised her concerns regarding staffing with the monitoring officer and her supervisor however, there was no recording of this in the records. A requirement is made the monitoring reports are improved and must analyse staffing arrangements on the day of the visit. The visit and record must evidence there are enough staff to meet the needs of the service users attending, there are enough to staff in the day care to staff the building and deliver care that is consistent with the day care settings statement of purpose and day care setting standards. A requirement is made in this regard.

The inspection confirmed the staff in this setting have the skills 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 and compassionately responding to individual service users' communication needs.

Discussion with service users did identify service users feel they do have processes in place to discuss their views. Service users did raise their advocacy meetings had been cancelled due to not enough staff available to facilitate them and three service users agreed they are unsatisfied that their views and opinions are sought about the quality of the service. One service user commented "this would have been a chance for us to be heard and help each other".

The advocacy meetings record confirmed this view, the last meeting was held in May and the meeting in April had been cancelled because staff numbers were short that day. As highlighted in the inspection of standard 5, staffing arrangements were not adequate to meet the needs of these service users and the minimum standards. A requirement is made in this regard.

Two RQIA service users' questionnaires were returned to RQIA post inspection and they reported they were satisfied to very satisfied that their views and opinions are sought about the quality of the service.

During this inspection the service users were informed and consulted regarding this inspection and encouraged to speak to the inspector.

Seven staff reported in the questionnaires that they are satisfied to very satisfied they have time to talk to and listen to service users; and the care provided is based on service users' needs and wishes. Two staff identified they were unsatisfied with the time they have to talk and listen to service users and that service users are involved in and given opportunities to influence the running of the day centre. Two staff wrote comments which were:

"I have worked at Ravara for over 12 years and can honestly say I love my job. The service users and staff make Ravara a very happy place and homely place and everyone works well together. The staff team work very hard to enable the smooth running of the centre even though we have been short staffed and Belinda McCormack has been the back bone of Ravara. Belinda has worked above and beyond what a manager should do and encourages staff to keep all training up to date."

"More time required to implement programmes – awaiting vacancies to be filled".

In conclusion this inspection confirmed the staff use a compassionate approach to gather service user's views, opinions and preferences. However the gathering of views and preferences has not been consistent due to staffing arrangements. This must be improved, a requirement is made regarding staffing.

Areas for Improvement

Two areas of improvement were identified regarding service users' involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting:

A requirement is made that the responsible person must make appropriate arrangements for an assessment of the staffing numbers and distribution of staff in this day care setting. The staffing numbers and distribution of staff across the setting must be appropriate to meet the number of service users in the setting, the assessed needs of the service users, the size of the day care setting, and the statement of purpose. The outcome of this assessment should be reported to RQIA on the returned QIP with an action plan of what will be put in place to improve staffing arrangements in this setting.

A requirement is made the monitoring reports must analyse staffing arrangements on the day of the inspection and ensure there are enough staff to meet the needs of the service users attending, there are enough to staff the day care setting in terms of its size and deliver care that is consistent with the day care settings statement of purpose and day care setting standards.

Number of Requirements	2	Number Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Whistle blower:

Staffing concerns:

The staffing situation in Ravara was reported as "not enough staff to look after the clients" The inspector observed staff working between rooms and areas. In the high dependency units two staff were present instead of the usual three. On the day of the inspection there was one acting manager, four band 5 staff and fourteen band 3 staff on duty. There was a number of staff absent on the day of inspection and vacant posts. The staff said this level of absence and covering posts has been stressful for the team and they do not feel they are achieving the quality of day care they believe should be delivered in this setting. This was also the view of the whistleblower.

In conclusion the inspector observed staffing was significantly reduced and therefore this is a risk. A requirement was made for the registered provider to assess the number of staff required for each group of service users, the staff roles and responsibilities, the size of the day care setting (useable space), and the needs of the service users in each area of the day care setting (including times when 1:1 and 2:1 care is required). A requirement is also made to improve the monitoring of staffing arrangements in this setting.

The inspection analysed the management arrangements in this setting and identified the current manager is an acting manager; not registered manager. RQIA view the acting role as a temporary and short term arrangement to allow for a sickness absence or a new manager to be recruited to the management position thus giving them time to apply to be registered with RQIA. This acting arrangement had been in place since 2012 which is not consistent with the day care setting regulations; appointment of a registered manager and fitness of the registered manager. A requirement is made for this to be addressed as a matter of urgency.

5.5.2 Environment:

The walk around the setting revealed the following concerns:

The ISU rooms were both filled with 10 wheelchair users who have individually designed chairs and aids to facilitate their involvement in day care. The rooms had furniture including a day care workers large desk and storage which took significant space from the useable space in each room. The Day care setting standards say each service user with high dependency needs should have 7.5m² of useable space in a room.

The inspector's observations of the room, when in use, concluded it was likely this minimum standard was not being met. Furthermore, the profile and size of the wheelchairs in this room left little room for staff to move and manoeuvre service users. This was a risk for staff and for service users. A requirement is made to re assess the use of the two ISU rooms including the layout of the rooms and accessibility with the current number of service users with their wheel chairs in it to ensure they have a minimum of 7.5m² per service user of useable space, and the space around them provides staff with enough room to meet personal care needs as required.

The environment in this setting was also observed as challenging for staff to meet service user's needs. The walls throughout the setting require painting, the woodwork has been scraped, is bare and shaven where door ways are not big enough for wheelchairs to enter and exit with ease. The main activity area of the setting is separated by storage and therefore noise carries across the three areas. The bathrooms for independent service users had a foul odour. A requirement is made for the environment to be reviewed. The trust should provide RQIA with a plan of works for each area of the day care setting and room by room describe what improvements will be made and the timescale for the same.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Belinda McCormack, acting 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 and assessed by the inspector.

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

Quality Improvement Plan

Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>Action plan was submitted to RQIA by: 24 September 2015</p>	<p>The registered provider must make appropriate arrangements for the staffing numbers and distribution of staff in this day care setting to be reviewed.</p> <p>The review must assess the number of staff required and how they should be distributed across the setting to care for the number of service users in the setting, the assessed needs of the service users (including times when 1:1 and 2:1 care is required), the size of the day care setting (useable space), and the statement of purpose.</p> <p>The outcome of this assessment should be reported to RQIA on the returned QIP with an action plan of what will be put in place to improve staffing arrangements in this setting.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Post inspection the registered manager completed a review of the dependency needs for each service user that uses the facility and has assessed this against the current staffing levels. The manager has also reviewed the allocation of staff per group this has assisted in identifying areas of need and vacancy of staff posts. The trust can confirm that an additional two band 3 members of staff are to take up post in November 2015. Further to this the recruitment of a further two Band 3 positions was advertised with a closing date of 23rd Oct 2015. Shortlisting for this post took place on 6th Nov 2015 with a view to having interviews completed and staff appointed before the end of Nov 2015.</p> <p>Ravara training & resource centre has a robust local contingency plan in place should staffing levels fall below the required need. This has recently been updated in November 2015 and will be reiterated and shared with all staff at the next team meeting on 17th November 2015.</p>
<p>Requirement 2</p> <p>Ref: Regulation 9(2)</p> <p>Stated: First time</p> <p>Action plan was submitted to RQIA by: 24 September 2015</p>	<p>The registered provider must ensure the manager in this setting applies to be registered with RQIA. The current status of the manager is <u>acting</u> manager not registered manager. The action plan to achieve this must be reported on the returned QIP.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The trust is currently in the process of advertising for a permanent manager for Ravara Day Centre. The appointment of a permanent manager will therefore meet the requirement for registered manager status and once appointed will be accordingly registered with RQIA.</p>
<p>Requirement 3</p> <p>Ref: Regulation 18</p>	<p>The registered provider must ensure the environment in the main toilet toilets is reviewed. The focus of the review in this area is:</p>

<p>Stated: First time</p> <p>To be Completed by: 12 November 2015</p>	<ul style="list-style-type: none"> • Measures must be taken to reduce the foul odour in the larger bathrooms where more independent service users use the facilities. The trust should ensure there is adequate ventilation / air extraction and air flow in the bathroom. Consideration should also be given to using air fresheners or air neutralising products which are safe to use with this service user group. Outcome of this review should be reported on the returned QIP. <p>Response by Registered Person(s) Detailing the Actions Taken: Ravara day centre has a total of seven bathrooms available for service users. On the day of the inspection the inspector was facilitated a tour of five of the seven bathrooms. In the case of one of the bathrooms the inspector noted a malodour of the environment. The trust wish to highlight that this was the case for this bathroom as it was actively in use at the time. The trust wish to further highlight that odours were not identified in the other bathrooms visited. In spite of this the registered manager has purchased air freshners which are now fixed and in-situ. Air neutrilsing products have also been purchased. Increased cleaning/domestic checks of the identified area have been established throughout the day by patient experience staff. All bathrooms in the day centre have windows that can be opened when required to facilitate air circulation.</p>
<p>Requirement 4</p> <p>Ref: Regulation 26(2)</p> <p>Stated: First time</p> <p>To be Completed by: 10 December 2015</p>	<p>The registered provider must arrange for a multi-disciplinary review of the environment to be completed. This review should establish what improvements are required in this day care setting to ensure compliance with current good practice (for example the Day Care Settings Minimum Standards January 2012). The outcome of this review should inform a programme of improvement and the action plan following this review must be submitted to RQIA within stated timescales. Specific attention must be given to:</p> <ul style="list-style-type: none"> • the bathrooms require painting on the walls and door frames where the wheelchairs have shaved away the paint and some of the frame when entering and exiting the bathrooms. Bathroom doors should be accessible for the service users with their mobility aids or wheelchairs and measures should be taken to ensure they are accessible. • the two ISU rooms must be reassessed for the number and needs of the service users in them. The assessment must calculate the useable space for service users and staff taking into account the size of the rooms and the layout of the rooms. The assessment must take into account the impact of the wheel chairs, the storage space, the desk, the needs of service users who require specific behaviour plans, the rooms furniture and the sleep system and the number of staff, and ensure service users have the appropriate space to enjoy the activities in the room and have their needs met in the room. Reference should be made to the day care setting minimum

standards which state minimum of 7.5m² per service user of useable space is appropriate. Furthermore the space around service users should be appropriate for staff to meet personal care needs as required.

- A multi-disciplinary review of the day centre environment should be completed to establish what improvements would be required to improve this settings compliance with current good practice such as the Day Care Settings Minimum Standards (January 2012). The review should be based on a comprehensive assessment of need. This should be a multi-disciplinary assessment led by the registered provider or representative and the day centre Manager with specialist input as required such as from; infection control, physiotherapy, occupational therapy, estates and/or others as required.

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

The trust is aware that it is faced with a number of environmental challenges in relation to Ravara training & resource centre. This includes trying to shape a facility built in the 1970's to meet the need of today's population. The trust had previously planned in conjunction with the HSCB to restructure learning disability day care in the Bangor and Ards sector from the 3 day centres to 2 purpose built facilities. Unfortunately due to the current climate of austerity this proposal has not progressed and is unlikely to do so in the near future. As such the staff in Ravara in conjunction with the wider trust departments including estates continue to work hard in order to provide a facility that as best as possible meets the needs of the population that use this facility.

The registered manager arranged a visit from the estates department on 29/09/15 and identified minor areas for improvement. The registered manager in conjunction with the wider staff team in the centre have initiated and commenced a clear out of waste and unwanted furniture to help create more space. The registered manager has submitted a request for an Acheeva bed the provision of this will help to create space in the Intensive Support Unit by being able to remove the larger profiling bed.

The registered manager continues to liaise with the respective senior managers and professionals from other disciplines in order to best establish best use of the physical environment in Ravara Day Centre. The trust wish to highlight that the centre strives to make the most safe and productive use of the physical environment in order to meet service users needs whilst maintaining safety and well being.

The Trust will undertake a review of the day centre environment and look to implement improvements where possible without incurring significant expenditure. A multi-disciplinary meeting to review the day centre environment has been arranged with all relevant professionals for November 2015.

A business case has been submitted in relation to the painting of the identified areas. The registered manager continues to follow this up with

	the respective estates department.		
Requirement 5 Ref: Regulation 28 Stated: First time To be Completed by: 12 November 2015	<p>The registered provider must arrange for the monitoring visits to analyse are staffing staffing arrangements adequate. The monitoring report must evidence this has been analysed during each visit and if arrangements are not adequate on the day of the visit a action plan must be agreed to ensure care is safe, effective and compassionate.</p> <p>The report must evidence there are enough staff to meet the needs of the service users attending, there are enough to staff the day care setting to cover the size of the building and to deliver care that is consistent with the day care settings statement of purpose and day care setting standards.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered manager has met with the respective monitoring officer and has advised them of the above requirement. The manager will ensure that monthly monitoring reports are reflective of the staffing arrangements for the day centre.</p>		
Registered Manager Completing QIP	Belinda McCormack	Date Completed	06/11/15
Registered Person Approving QIP	<i>B. Morgan</i>	Date Approved	<i>18.11.15</i>
RQIA Inspector Assessing Response	<i>J. Morgan</i>	Date Approved	<i>24.11.15</i>

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