

# Unannounced Care Inspection Report 31 May 2017



## Livability Newry Day Care

Type of service: Day Care Service  
Address: Ballybot House, Cornmarket, Newry BT35 8BG  
Tel no: 02830252501  
Inspector: Priscilla Clayton

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Livability Newry Day Care took place on 31 May 2017 from 09.55 to 15.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care centre was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There were examples of good practice found during the inspection in relation to staff recruitment, induction, supervision and appraisal, risk management, infection prevention and control, and from positive comments made by service users and staff in regard to the safe care provided.

Improvements to enhance the good practice related to the recording of the acting manager's working days/time spent in the day centre within the staff duty roster. Recommendations made by the fire safety officer within the fire risk assessment, dated 18 May 2016, must be actioned, dated and signed. Further review and revision of the adult safeguarding policy and procedure is also necessary with staff update training to ensure staff are fully aware of changes as set within the Department of Health's regional policy and procedures.

### **Is care effective?**

There were examples of good practice found during the inspection in relation to audits and reviews and to communication between service users, staff and other key stakeholders.

Improvements to enhance the good practice included ensuring care plans and risk assessments are dated and signed, recording of daily statements within care records, seeking the audit report from the compliance team and development of service user agreements.

### **Is care compassionate?**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day centre listening to and valuing service users and taking account of the views of service users.

No areas for improvement were identified in respect of this domain.

### **Is the service well led?**

There were examples of good practice found throughout the inspection in relation to service users' consultation, governance arrangements, quality improvement and maintaining good working relationships.

Areas identified for improvement related to the review and revision of the statement of purpose and to removal from documents, of the headings "Prospects". The external signage should also be changed to read Livability.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	10

Details of the Quality Improvement Plan (QIP) within this report were discussed with Samantha Aston, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent Finance inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 March 2017.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Livability Newry Day Care/Stuart Dryden	<b>Registered manager:</b> This post is vacant.
<b>Person in charge of the service at the time of inspection:</b> Kim Harshaw, Level 2 support worker until 11.30am. Samantha Aston, acting manager from 11.30 am	<b>Date manager registered:</b> Samantha Aston is currently acting manager until a registered manager is appointed.

### 3.0 Methods/processes

Prior to inspection the following information was reviewed:

- Previous care inspection report and quality improvement plan
- Correspondence
- Notifications

The inspector met with 13 service users, three care staff and the acting manager.

An inspection of the internal environment of the day care centre was undertaken.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of Purpose
- Service user guide
- Staff duty roster
- Accident / incident notifications
- Complaints
- Staff training
- Policies / procedures relevant to this inspection
- Monthly monitoring visits
- Staff supervision schedule
- Three care records
- One staff employment file
- Staff induction
- Staff meeting minutes
- Service user meeting minutes
- Fire risk assessment / weekly and monthly equipment check

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 20 March 2017

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 20 September 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 11.3 <b>Stated:</b> Second time time	The registered provider must ensure the day care setting is managed with sufficient care, competence and skill. Sufficient time must be allocated to the manager to enable him/her to manage the day care setting effectively.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The acting manager confirmed she was working in the centre three days each week until a permanent manager was appointed. The acting manager is currently working towards achievement of QCF level 5 qualifications in leadership. As discussed, a record of the days / time worked by the acting manager in the day centre is to be recorded within the staff duty roster.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider must ensure staff receives training to enable them to undertake their roles effectively. This is with reference to safeguarding vulnerable adults from abuse.</p>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of staff training records and discussion with staff evidenced that staff had received training in adult safeguarding following the previous care inspection and demonstrated awareness of the principles of adult safeguarding. The acting manager confirmed that further update training in regard to the DOH policy / procedures titled Adult Safeguarding Prevention Protection in Partnership would be provided.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 8 (2)(c)</p> <p><b>Stated:</b> First time</p>	<p>The organisation must submit to RQIA an application detailing the name of the individual who is responsible for supervising the management of the day care setting and meets the requirements of the regulations.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Details of the current temporary acting manager had been submitted to RQIA as requested.</p>		
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 28</p> <p><b>Stated:</b> First time</p>	<p>The organisation must submit a copy of the report of the monthly visits to the day care centre to RQIA for the months of November, December 2016 and January and February 2017.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Reports were submitted to RQIA as required.</p>		
<p><b>Last care inspection statutory requirements</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> Third time</p>	<p>The registered provider should ensure that the Intimate Personal Care Policy has been revised and updated.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The intimate personal care policy, dated 2017, had been updated as recommended.</p>		

<b>Recommendation 2</b>  <b>Ref:</b> Standard18.3  <b>Stated:</b> Second time	The registered provider should ensure that all policies are systemically reviewed every three years or more frequently if required.	<b>Partially Met</b>
	The registered person should ensure that the Preventing Harm to Vulnerable Adults Policy is revised in accordance with the regional policy.  <b>Action taken as confirmed during the inspection:</b> The acting manager explained that the senior management team would review and revise all policies and procedures every three years or more frequently as necessary in keeping with Department of Health (DOH) minimum day care standards. The acting manager further explained that work has commenced in this regard with several policies updated. The adult safeguarding policy had been reviewed and revised, however further work is necessary. Details as set out within the DOH policy titled “Adult Safeguarding Prevention and Protection in Partnership” should be included, for example: associated governance arrangements; safeguarding champion, role and responsibility and staff training arrangements.	

**4.3 Is care safe?**

The acting manager and staff confirmed the staffing levels for the centre and that these were subject to review to ensure the assessed needs of the service users were met. No concerns were raised regarding staffing levels during discussion with the manager, service users and staff. A review of the duty roster confirmed that this reflected the staff working within the centre each day. The acting manager agreed to record her duty days / hours spent within the roster so that staff, service users or their representatives will be aware when she is on duty, should they wish to meet with her.

Discussion with the acting manager confirmed that staff were recruited in line with Schedule 2 Regulation 21, of The Day Care Setting Regulations (Northern Ireland) 2007 and that the record of one newly appointed staff member was currently at the organisation’s central office. Review of a second new staff member’s employment record evidenced compliance with employment legislation. The acting manager confirmed that documentation, including enhanced Access NI disclosures, was viewed by management for all staff prior to the commencement of employment with the necessary record of same retained.

Completed induction records were in place for new staff. These were signed by the staff member and the manager when achievement was gained. Discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

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

Discussion with staff and a review of one staff questionnaire returned to RQIA within the timescale confirmed that mandatory training, supervision and annual appraisal of staff was being provided. A schedule for mandatory training, annual staff appraisals and monthly staff supervision was maintained and was reviewed during the inspection.

An electronic matrix of staff training attendance was retained on the acting manager's lap top. Information held was discussed and reviewed. Mandatory training was noted to be ongoing with additional training on professional boundaries and epilepsy scheduled for 22 June 2017. Adult safeguarding training had been provided as recommended at the previous care inspection, although this did not include training in the regional policy or operational procedures as set by DOH policy titled "Adult Safeguarding Prevention and Protection in Partnership". The acting manager confirmed that an adult safeguarding champion had been identified within the organisation. One recommendation made for improvement related to the retention of staff training data within the centre and the provision of further update training in adult safeguarding to include changes as set within DOH policy / procedures.

The acting manager described the arrangements in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC). Three staff were awaiting confirmation of registration.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual service users. Discussion with the acting manager identified that the centre did not accommodate any service users whose assessed needs could not be met.

Notification of accidents / incidents submitted to RQIA and a review of a sample of records held in the day centre was undertaken and discussed with the acting manager. There was evidence that risk assessments and measures in place to minimise recurrence of accidents / incidents were recorded within care plans

The adult safeguarding policy and procedure in place was discussed with the acting manager as further work is necessary to ensure this is consistent with the current DOH regional policy / procedure. Reference to further improvement is stated within recommendation 2, page 6 of this report.

The acting manager advised that one adult safeguarding allegation was currently with the adult safeguarding team and that she was expecting a report on the outcome of investigation. A written record of the allegation was retained. The acting manager agreed to consult with the trust safeguarding social worker in regard to obtaining the written report.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The acting manager confirmed that the only restrictive practice employed within the day centre, was a locked front door leading to the small outside hallway.



This arrangement is necessary to enhance security and safety of service users from unauthorised persons entering the day centre. Service users were able to exit the centre by use of an internal door press / release button. A policy on restrictive practice was available to staff; staff training was provided in November 2016.

Inspection of the internal environment identified that the centre was kept tidy, safe, suitable for and accessible to service users, staff and visitors. Good standards in respect of infection prevention and control were observed. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire doors were closed and exits unobstructed.

The day centre had a fire risk assessment which was dated 18 May 2016. This assessment was discussed with the acting manager as it was noted that several recommendations had not been signed off as actioned. The acting manager was requested to ensure all recommendations made by the fire safety officer were addressed with records signed and dated.

Weekly and monthly fire equipment check records were recorded as undertaken. Fire safety training/drills were provided during March 2017, May 2017 and November 2017.

One staff satisfaction questionnaire was completed and returned to RQIA within the timescale. The respondent described their level of satisfaction with this aspect of care as "very satisfied".

Service users confirmed they were happy attending the day care centre. No issues or concerns were raised or indicated.

### Areas for improvement

Four areas for improvement were identified during the inspection. These related to: ensuring that staff training data is retained within the centre; ensuring further work is carried out on the policy / procedures in adult safeguarding and staff training ( restated from the previous inspection); ensuring that the acting manager's working days are recorded within the staff duty roster to ensure staff, service users and relatives / representatives can be informed should they wish to speak or meet with her; and one recommendation was made in relation to ensuring that the recommendations made by the fire safety officer within the fire risk assessment are actioned, dated and signed.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	4
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### 4.4 Is care effective?

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

A review of three care records and discussion with the acting manager confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and reviews. The daily statement of health and well-being of each service user was documented within individual A4 diaries. Discussion with the acting manager included the recording and retention of daily statements within care records as opposed to the current procedure of recording within individual diaries which presented as cumbersome, separated from care records and not in keeping with Standard 7.4 of Day Care Settings minimum standards.



As agreed, the development of a care management review matrix was also recommended, so that tracking dates and receipt of reports can be monitored.

Care needs assessment and risk assessments were being reviewed and updated on a regular basis or as changes occurred. It was also noted that a risk assessment and amended care plan was in place which related to one recent notification submitted to RQIA. Improvement in regard to care plans and risk assessments is necessary as two of the three care records examined contained care plans and risk assessments which were not signed or dated. Regular audit of care records was discussed with the acting manager who agreed to establish an audit tool.

The provision of individual written service user agreements was discussed with the acting manager as these were not provided. Details in respect of such agreements are set within standard 3.1 of Day Care Minimum Standards (2012)

Records were stored safely and securely in line with data protection.

The acting manager confirmed that a service user satisfaction survey was undertaken and results were currently being analysed by the organisations compliance team. A report on the outcome would be forwarded to the acting manager who confirmed that an action plan would be developed to address any issues identified for improvement.

The acting manager confirmed that the organisation's compliance team had arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Audits of accidents and incidents, complaints, and the environment were not available for inspection, as these were held at the organisation's compliance team. It was recommended that the acting manager seeks the report on the outcome of the audit activity, so that this can be shared with the care team and any actions identified for improvement can be incorporated into practice. Further evidence of monitoring was contained within the monthly visits reports undertaken by management on behalf of the registered provider.

The acting manager confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included daily staff/ service user group and individual consultations, pre-admission information, multi-professional team reviews, service user meeting, staff meetings and monthly monitoring visits. The acting manager and staff confirmed that management operated an "open door" policy in regard to communication within the day centre.

Service users spoken with and observation of practice evidenced that staff communicated effectively with service users. A review of the monthly minutes of service user meetings evidenced that the views and preferences of service users were acknowledged.

One completed staff questionnaire was returned to RQIA within the timescale, this described their level of satisfaction with this aspect of care as "very satisfied".

### Areas for improvement

Improvements to enhance the good practice included: ensuring daily statements are recorded within care records; care plans and risk assessments are dated and signed; development of service user agreements and seeking the audit report from the compliance team.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	4
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## 4.5 Is care compassionate?

The acting manager confirmed that staff in the centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

The acting manager and service users confirmed that consent was sought in relation to care and treatment. Observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users rights, independence and dignity.

The acting manager and staff confirmed that service users were listened to, valued and communicated with in an appropriate manner. Service users confirmed that their views and opinions were taken into account in all matters affecting them. Observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. These included; daily consultations, service users' meetings, care reviews, monthly monitoring visits and the acting manager's "open door" approach to everyone.

The acting manager confirmed that service users were consulted with, at least annually, about the quality of care and environment. The findings from a recent survey were in the process of being analysed and would be made available for service users and other interested parties to read. An action plan would be developed and implemented to address any issues identified.

Discussion with staff, service users and observation of practice and review of care records confirmed that service users were enabled and supported to engage and participate in meaningful activities. On the day of the inspection, a small group of service users were accompanied to the town swimming pool followed by lunch in a local restaurant. The remaining service users participated in organised art session and a Makaton master class which was led by staff within the centre. At the request of service users a buffet lunch was organised and held outside where food, tables and chairs were provided within a secure area.

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

- "It's nice here, we have good fun and I like the Makaton class."
- "The staff are very good to us."
- "I like coming here to meet up with my friends"
- "We love to dance and do art "
- "The other people here are very nice to me."

Staff spoken with during the inspection made the following comments:

- "Meeting our service users' needs and providing a stimulating environment is our priority. The care really is really good."
- "Our activity programme is flexible and allows for service user choice"
- "Activities offered are diverse and varied and promote healthy living providing good opportunities for both group and individual activities"

One completed staff questionnaire was returned to RQIA within the timescale. The respondent described their level of satisfaction with this aspect of care as “very satisfied”.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

Kim Harshaw, an experienced support worker, was in charge of the day care centre until 11.30 when the acting manager Samantha Aston, who was appointed in November 2016, came to the centre from another facility within the organisation, where she was working. The acting manager is appointed to work three days each week within the day centre until a full time registered manager is appointed. RQIA are to be notified when this appointment is made and application for registration as manager forwarded.

The acting manager is supported in her role by senior management and support services including human resources, finance and quality compliance team. At operational level support is provided by a team of three support care staff. The acting manager confirmed that the needs of service users were met in accordance with the day centre’s statement of purpose and the categories of care for which the day centre was registered with RQIA.

There was an organisational structure and staff were aware of their roles, responsibility and accountability. This was outlined in the day centre’s statement of purpose. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the day centre through the line management structures and monitoring visits.

The acting manager confirmed that the management and control of operations within the day centre was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed in a prominent position.

The centre’s statement of purpose, dated 2016, was reviewed and discussed. The care staffing as reflected within the organisational structure flow chart should be reviewed and revised to reflect the current staffing levels.

Competency and capability assessments of staff in charge when the acting manager is out of the day centre were completed and retained.

Staff meetings were being held on a regular basis with minutes recorded and maintained in the centre.

The acting manager explained that many of the day centre’s policies and procedures had been reviewed and revised and that this was work in progress following transition from the previous provider.

Policies and procedures were available to staff in hard copy format. Ongoing review and revision was a work in progress.

Review of the complaints records confirmed that no complaints had been received since the previous care inspection or during the year 2016.

Arrangements were in place to effectively manage complaints from service users, their representatives or any other interested party.

How to complain was reflected within the statement of purpose, service user guide and within information leaflets displayed within the hallway.

Arrangements were in place to share information about complaints and compliments with staff.

Discussion with the acting manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the service users, for example, epilepsy management.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; hard copy reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA to read.

Review of records and discussion with the acting manager and staff confirmed that adult safeguarding issues were managed appropriately and that reflective learning would take place when necessary.

The centre had a whistleblowing policy and procedure and discussion with staff established that they were knowledgeable regarding this. The acting manager confirmed that staff could also access line management to raise concerns, support would always be offered in this regard.

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.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

The acting manager described the range of quality assurance methods used within the organisation which included service user satisfaction surveys, accidents / incident, complaints, policies and procedure review, environmental, statement of purpose and service user guide review. The analysis of audits undertaken by the compliance team had not been received by the manager; the acting manager is to request a copy.

RQIA are aware that transition of the day centre from the previous providers has involved review and revision of systems and processes including review and revision of policies and procedures. The heading "Prospects" should be removed from all documentation held by Livability and the displayed external signage.

One completed staff questionnaire was returned to RQIA; this respondent described their level of satisfaction with this aspect of care as "very satisfied".

### **Areas for improvement**

Areas identified for improvement related to the review and revision of the statement of purpose and removal of the headings titled "Prospects" from all documents. The external signage should also be changed to read Livability.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Samantha Aston, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered provider should ensure;</p> <ul style="list-style-type: none"> <li>• Provide further training in adult safeguarding to include changes as set within DOH policy / procedures titled Adult Safeguarding Protection and Prevention in Partnership.</li> <li>• Further work on the policy titled Adult Safeguarding is necessary to ensure details as set by the DOH regional policy and procedures are reflected.</li> </ul>
	<p><b>Response by registered provider detailing the actions taken:</b> New policy in place, implemented in line with DOH policy and procedure, in-house training provided on new policy, booked places on ARC external training.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 23.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person should ensure that the acting manager's duty hours / days is recorded in the staff duty roster so that staff, service users or their representatives will be aware when the acting manager is on duty.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> The acting manager will produce a rota each month which will include her planned attendance at the service. This will be available in the service and available to all staff.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered provider should ensure that the staff training matrix record is retained within the day centre.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> The training matrix for the service will be placed in a file in the service and updated and re-printed each month so as to be accurate.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 05 June 2017</p>	<p>The registered provider should ensure that the recommendations made by the fire safety officer within the fire risk assessment, dated 18 May 2016 are actioned, dated and signed.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Completed actions signed off including identifying landlord responsibility.</p>



<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 7.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 05 June 2017</p>	<p>The registered provider should ensure improvement in care records as follows:</p> <ul style="list-style-type: none"> <li>Recording of daily statements is made within care records as opposed to the current procedure of recording within individual diaries which present as cumbersome, separated from care records and not in keeping with Standard 7.4 of Day Care Settings minimum standards.</li> <li>Care plans and risk assessments to be signed and dated.</li> <li>Regular audit of care records.</li> </ul>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>1). A new individual evaluation sheet will implemented into section 7 of enabling plans. This will include information about the activities undertaken, dietary intake, accidents/ incidents and professional involvement. People supported will be encouraged to add their views to the evaluation sheet.</p> <p>2.) Care plans and risk assessments will be given to the people supported and their representatives to sign as agreed. The manager will also sign each of these documents</p> <p>3.) An audit tool has been put into place to track completion of care records. The records are sampled each month as part of the monthly monitoring visit..</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 15.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered provider should ensure that a care management review matrix is established so that tracking dates and receipt of reports can be monitored and where necessary ensure revision of the service user's care plan reflects the outcome of review.</p> <p><b>Response by registered provider detailing the actions taken:</b> A new spreadsheet has been developed to monitor review dates of care management reviews</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 3.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered provider should ensure that each service user is provided with an individual written agreement detailing the services to be provided. This agreement should be signed by the service user and the registered person.</p> <p>Details in respect of the agreement is set within standard 3.1 of Day Care Minimum Standards (2012)</p> <p><b>Response by registered provider detailing the actions taken:</b> The service user guide will be updated to ensure it is current and the people supported will be asked to sign this document to provide an agreement between the the individual and provider.</p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that a report on the audit activity carried out by the organisation's compliance team is obtained so that this can be shared with the care team and any actions identified for improvement incorporated into practice.</p>



<p><b>To be completed by</b> 30 June 2017</p>	<p><b>Response by registered provider detailing the actions taken:</b> The organisation undertakes regular audit activity - the actions from which are recorded electronically. The electronic action plan will be printed and made available to the staff at the service and discussed at regular staff meetings.</p>
<p><b>Recommendation 9</b> <b>Ref:</b> Standard 17.6 <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2017</p>	<p>The registered provider should ensure that the centre's statement of purpose, dated 2016, is reviewed and revised to include current staffing levels.</p> <p><b>Response by registered provider detailing the actions taken:</b> The statement of purpose has been reviewed and updated</p>
<p><b>Recommendation 10</b> <b>Ref:</b> Standard 19.3 <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2017</p>	<p>The registered provider should ensure that title "Prospects" is removed from all documentation and the external signage of the day care centre replaced</p> <p><b>Response by registered provider detailing the actions taken:</b> Livability has an organisational plan for the updating of signage and documentation. This will be shared with the service. The organisation has written to all stakeholders advising them of the change in registration.</p>

*\*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\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

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