

Unannounced Day Care Setting Inspection Report 23 May 2016



Prospects

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Prospects Day Care Setting (10991) took place on 23 May 2016 from 10.00 to 16.00 hours.

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

Is care safe?

On the day of the inspection the systems that ensure care delivered to service users is safe were examined. This included a review of staffing levels; duty rosters; training records; admission and review arrangements; and a selection of policies that included safeguarding, whistleblowing and recruitment. Discussions with staff provided an assurance that they were knowledgeable regarding their roles and responsibilities relating to avoiding and preventing harm to service users. Observation of the delivery of care provided evidence that service users' needs were being met by the staff on duty. The premises on the day were found to be clean, organised and safe from hazards.

Areas for improvement were identified regarding the management arrangements and deployment of relief staff, and these highlighted a weakness in the delivery of safe care.

Is care effective?

During periods of observation care staff responded appropriately to the needs of service users and provided support and assistance. However, improvements were identified in the following areas:

- Speech and Language (Salt) assessments and additional healthcare information was missing from identified care records.
- Improvement required in care documentation and daily records
- No records of staff meetings since July 2015
- Evidence of infrequent staff supervision

The identified improvements highlighted a weakness regarding the effectiveness of the care being provided.

Is care compassionate?

During periods of observation staff were observed to respond to service users in a quiet, supportive manner, and good relationships between staff and service users was observed and this also reflected in the comments made by service users.

Service users spoke of how staff listened to, and valued, their views and provided examples of the choices and decisions they made daily regarding all aspects of their care. A relative spoken with in private confirmed they were always consulted and described the care as "always caring and respectful."

Is the service well led?

On the day of the inspection the required improvements highlighted in the domains of “Is care safe?” and “Is care effective?” impact on the over-all assessment of this domain. There is evidence of deficits in the leadership, management and governance of the service and improvements are required in the following areas:

- Policies and procedures in need of review
- Lack of systems to audit or monitor the quality of care
- Visits required by regulations not undertaken by the registered provider
- No evidence that an quality annual review had been completed
- The statement of purpose and service user guide did not fully comply with legislation

Given the significant shortcomings identified during this inspection, there is a pressing need to ensure priority is given to increasing the manager’s presence in the day centre, and establishing and maintaining systems to monitor and report on the quality of care delivered in the day care setting.

As a result of this inspection, RQIA were concerned with the lack of monitoring and governance arrangements in the day centre. In accordance with RQIA enforcement procedures, the findings were discussed with senior management and enforcement action was considered. The outcomes of the inspection were reviewed and it was agreed that a meeting should be held with Sherri Sargent (Responsible Person pending registration with RQIA) and Rachel Smith, Manager (pending registration with manager), on 24 May 2016.

At that meeting a robust action plan along with realistic timescales was provided by Sherri Sargent, who was co-operative, honest and open about the failings and the action required to achieve compliance with regulations. The action plan along with additional information requested, that included the submission of the reports of the monthly monitoring visits and the duty rosters for the manager, provided sufficient assurance to RQIA that immediate action would be taken to secure compliance.

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. The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences.

RQIA will continue to monitor the quality of service provided by Prospects day care setting, and compliance with the regulations and minimum standards.

Eight requirements and six recommendations for quality improvement were made and specified in the Quality Improvement Plan (QIP). One requirement and three recommendations are stated for the second time in this report. Details of these are contained in the main body of this report.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	8	6

Details of the QIP within this report were discussed with Sherri Sargent (Responsible Person pending registration) and Rachel Smith (manager pending registration) as part of the inspection process. One requirement and two recommendations are stated for the second time in this report. One recommendation is stated for the third time. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

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

2.0 Service details

Registered organization/registered person: Prospects NI/Sherri Sargent (registration pending)	Registered manager: Rachel Smith (registration pending)
Person in charge of the day care setting at the time of inspection: Kim Hardshaw	Date manager registered: Application received - "registration pending".
Number of service users accommodated on day of inspection: 15	Number of registered places: 22

3.0 Methods/processes

Prior to inspection following records were analysed:

- Previous care inspection report
- Previous returned quality improvement plan
- Information from correspondence received from the registered manager
- Record of notifiable events for 2015/2016

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

- Discussion with the manager
- Telephone discussion with Sherri Sargent
- Greeted and spoke informally to 15 service users
- Discussion with four service users and one relative in private
- Consultation with three staff
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- Complaints record (none recorded since the previous care inspection)
- Accident/untoward incident record (four recorded since the previous care inspection)
- Recruitment and selection record
- Elements of five service users' care files
- Daily progress records
- Review of recruitment procedures
- Review of safeguarding vulnerable adults policy
- Staff training information
- Staff supervision
- Record of staff meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 December 2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 10 (2) (b) (i) Stated: First time	The responsible person must confirm that suitable arrangements are in place to recruit and appoint a manager who has the qualifications, skills and experience necessary for managing the day care setting.	Met
	Action taken as confirmed during the inspection: The organisation had appointed a manager in February 2016 who has the qualifications, skills and experience necessary for managing the day care setting.	

<p>Requirement 2</p> <p>Ref: Regulation 26 (2) (b)</p> <p>Stated: First time</p>	<p>The responsible person must confirm that the remedial work in the female toilets has been completed satisfactorily.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector can confirm that the floor in the female toilet had been lifted and action taken to address the damp and deficits highlighted in the previous report.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p>	<p>The responsible person must confirm that:</p> <ul style="list-style-type: none"> • Assessments have been reviewed and developed to accurately reflect the risks relevant to each service user. • The management of identified risks has been clearly outlined. • Specialist risk assessments that detail the management of associated risks are visible for staff. <hr/> <p>Action taken as confirmed during the inspection: There was evidence that work had commenced to review and update care records; however, records viewed on the day were missing assessments completed by the Speech and Language Therapist, In addition, details of other health and social care professionals' inputs were also missing. This requirement is therefore stated for the second time.</p>	<p>Not met</p>
<p>Last specialist inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p>	<p>The responsible person should ensure that the Intimate Personal Care Policy has been revised and updated.</p> <hr/> <p>Action taken as confirmed during the inspection: On the day of inspection there was no evidence that this policy had been revised. This recommendation is stated for the second time.</p>	<p>Not Met</p>

<p>Recommendation 2</p> <p>Ref: Standard</p> <p>Stated: First time</p>	<p>The responsible person should ensure that care plans include the personal outcomes sought by the service user and the daily care, support, and opportunities provided by staff to the service user.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>At the time of this inspection it was noted that the organisation had introduced “Enabling Plans” which if completed accurately would reflect the personal outcomes for service users. The intention was that this new tool would ensure that the personal outcomes for each service user were to the fore of care. Records viewed indicated there was some confusion regarding personal outcomes and service users’ interests. Additional work is required to ensure that the personal outcomes sought by the service user and the daily care, support, and opportunities provided by staff to the service user is recorded.</p> <p>This recommendation is stated for the second time</p>	
<p>Recommendation 3</p> <p>Ref: Standard 7.4</p> <p>Stated: Second time</p>	<p>The responsible person should ensure that individual case records/notes (from referral to closure) related to activity within the day service is appropriately maintained for each service user. This includes maintaining a daily record/evaluation note that is signed and dated by the person making the entry and periodically reviewed and signed off by the registered manager.</p> <p>Action taken as confirmed during the inspection:</p> <p>Staff continue to use individual annual A4 dairies to record service users daily notes; the records viewed were brief and repetitive. It was noted that some service users sign the daily entry; however, staff often signed with one initial or the record was not signed. In the four viewed there was no evidence that the manager had signed the records.</p> <p>This recommendation is stated for the second time.</p>	<p>Partially Met</p>

4.3 Is care safe?

On the day of inspection the following policies and records were requested and examined:

- Duty roster
- Safeguarding Vulnerable Adults
- Whistleblowing
- Staff Induction
- Staff Training and Development
- Accidents and Untoward Incidents

On arrival at the centre to undertake this unannounced inspection, two day support workers and a relief member of staff were on duty. The inspector was informed that the registered manager was in Lisburn at the Supported Housing Scheme; the manager subsequently joined the inspection at 11.00 am accompanied by the practice team leader. The manager reported that she attended the centre at least one morning or afternoon each week as she is also responsible for the fore-mentioned service. In addition, the practice team leader attends the centre one morning or afternoon a week.

In the absence of the manager one of the support workers assumes responsibility for the centre and this was verified during the examination of duty records. However, they also retain responsibility for their group of service users and no additional support is provided for management tasks. Improvements required regarding the management arrangements are addressed in section 4.4 of this report.

Management and staff confirmed the staffing numbers were sufficient to meet service users' assessed needs. The review of the staff duty roster found staffing levels were consistently maintained. The two support workers had worked in the day centre for some time and the relief member of staff was employed in the organisation since November 2015. The inspector was advised that the relief member of staff worked in the centre "as and when" to cover staff shortages. There were 15 service users in attendance on the day of inspection. It was concerning to note that the relief staff member was allocated to accompany a group of five service users to the sports centre, whilst the two senior members of staff accompanied another group of 10 to the local college. Management were requested to review the deployment of staff and ensure suitably experienced staff accompany service users on outings. Management provided assurance this would be addressed with immediate effect.

A review of the Safeguarding Vulnerable Adults Policy found that the document did not accurately reflect the principles of the regional Prevention and Protection in Partnership Policy, July 2015. This is an area identified for improvement in section 4.6.

Two staff spoken with during the inspection were able to explain the procedure for responding to, recording and reporting safeguarding concerns, and were aware of the need to report concerns in a timely manner. Training records examined provided assurance that staff had received the required training. Management reported there had been no reported incidents relating to safeguarding since the previous inspection.

The recruitment file relating to the most recent member of staff employed was not available as these files are held in head office; however, the recruitment procedures examined were robust and the manager could clearly outline the recruitment process. On the day of inspection the manager obtained confirmation electronically from the Human Resources Department that

confirmed the required documentation was in place and all pre- employment checks were completed.

A recently employed staff member spoke of the induction she had received on joining the organisation; this included information on the organisation, role and responsibility, policies and a range of mandatory training. In addition, information was provided on the needs of service users and a programme of shadowing a senior member of staff.

Referrals to the day care centre come from the SHSCT and there was evidence that the day centre were in receipt of the required referral information. Staff confirmed they were in receipt of this information prior to the service users' admission to the centre.

Care records examined revealed service users had an annual care review and these provided evidence of multi professional involvement in the service users' care.

Accidents and incidents were recorded and detailed the circumstances, any injuries sustained or lack of injury, action taken by staff and any medical intervention. Management reported the organisation has robust systems in place to screen all accidents and any deficits in documentation are quickly identified and remedied. Notifiable events were appropriately reported to RQIA in a timely manner.

On the day of inspection the centre was found to be clean and organised; fire exits and communal areas were found to be free from clutter and obstruction.

Areas for improvement

One area was identified for improvement regarding the deployment of staff.

Number of requirements:	1	Number of recommendations:	0
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4.4 Is care effective?

Discussions with the manager and staff established that staff in the main respond appropriately to, and meet the needs of, service users. Discussions with four service users and a relative confirmed that service users' needs were met in the day centre.

A structured programme of varied activities was on display and it was good to note symbols and pictures were used to communicate activities in a user friendly format. It was pleasing to see the communication mats used with service users with limited communication and to hear how they had enabled these service users make choices they normally would not have been able to communicate.

Discussion was held regarding the needs of service users with a visual impairment and it is recommended that management contact the sensory impaired team for advice and guidance.

The arrangements for the manager to communicate with relatives or representatives were discussed and it was good to note that relatives and representatives were invited to a coffee morning to meet the new manager.

The manager outlined the range of health care professionals who visit the centre that included social workers, dental screening, optician screening, behavior support staff, podiatry and

speech and language therapists. There was evidence that staff consulted effectively these healthcare professionals.

It was noted in care records examined that information relating to visits of the fore-mentioned health care professionals was missing from those records examined. In addition, Speech and Language (SALT) assessments were also found to be missing in two files examined. The manager explained that some of the information had been archived in error. Documents should be retrieved immediately and replaced in the service users' individual files.

Verbal assurance was provided by the manager that copies of the SALT assessments would be requested and obtained within three working days from the date of inspection, and the missing documents relating to other health care interventions would be retrieved from the stores.

It was agreed that confirmation of the action taken would be submitted to RQIA. The registered person must review all assessments and ensure they accurately reflect the risks relevant to each service user and that the management of identified risks has been clearly outlined. This requirement is stated for the second time in this report.

A sample of care plans was presented for inspection and it was noted that record keeping required improvement. The manager reported that the organisation had introduced "Enabling Plans" which would reflect personal outcomes for service users. The intention was that the new tool would ensure that the personal outcomes for each service user were to the fore of care. Records viewed indicated there was some confusion regarding personal outcomes and service users' interests. Staff reported they had limited training relating to the enabling plans. Additional training would ensure the principles of enabling service users was embedded in practice. Improvements are needed regarding staff training. In addition, a recommendation is made for the second time regarding necessary improvements in care plans.

Staff continue to use individual annual A4 dairies to record service users daily notes; the information in records examined was basic and repetitive with brief entries relating to a service user's food intake and a comment on the activity they participated in. Large sections of the dairy were unused and the diary did not provide a continuous record in keeping with best practice. The records did not provide any information on the progress of service users' personal objectives and therefore it was difficult to ascertain if expected outcomes were achieved. It is commendable that those service users that are able sign the daily entries in the dairies; however, it was disappointing to note staff had used one initial or entries were unsigned. There was no evidence that the manager had signed or had undertaken an audit of staff recording practices, and is an area identified for improvement. The manager should ensure that daily progress records are maintained in accordance with Standard 7 of The Day Care Settings Minimum Standards 2012.

Records examined revealed that staff had not received supervision from July 2015 to May 2016 and staff meetings had not been held since July 2015. The failure to ensure staff are supported to be effective in their roles through regular supervision and staff meetings is an area that causes concern.

There was no recorded evidence that management had arrangements in place to monitor, audit or review the effectiveness and quality of care provided to service users. The registered person must ensure the day care setting is managed with sufficient care, competence and skill. Sufficient time must be allocated to the manager to enable her to manage the day care setting effectively.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the practice team leader and/or the registered manager.

Records suggested there had been no recorded complaints within the past year; however, staff spoken with were fully familiar with the action to take should a service user or their representative raise any concern or have an issue with any aspect of care provided. Service users, and a relative consulted, were clear who to contact if they had any concerns. All commented that they would have no issues raising or reporting concerns, and felt they would be listened to and responded to in an effective manner.

Areas for improvement

Areas for improvement were identified regarding assessment information, care plans, recording information, staff training, supervision and staff meetings. Three requirements and two recommendations are made in this domain, one requirement and two recommendations are stated for the second time.

Number of requirements:	3	Number of recommendations:	2
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4.5 Is care compassionate?

Discussion with service users and observation of practice confirmed they were treated with compassion, respect and kindness. Service users stated that staff listen to them, offer them choices and always involve them in the decisions that affect them. A sample of comments made on the day included:

- “Staff always ask me what I would like to do.”
- “We decide what activities we want to do.”
- “I meet with my key worker every month and he listens to what I want to do and what I have to say.”
- “Staff are our friends; they always help you and help sort out stuff.”

During periods of observation staff were observed to respond to service users in a quiet, supportive manner and from observation it was evident there were good relationships between staff and service users.

Staff spoken with on the day were able to describe aspects of care provided and were able to speak confidently of individuals’ interests; their likes and dislikes which reflected an understanding of service users’ choices, and dignity and respect.

A relative consulted during the inspection stated they were always made to feel welcome by staff; they felt they could discuss any issues or concerns and stated they were confident their views would be respected and responded to appropriately. This relative expressed that the care in the centre was very safe and described the care as “always caring and respectful”.

Fifteen service users were greeted and spoken to informally during the inspection; everyone was noted to be relaxed and at ease with staff and each other. Four service users consulted in private told of the benefits of meeting with their key worker monthly and referred to signing their individual record of those meetings. They also advised that staff consulted them on a daily basis and provided examples of the choices and decisions they made regarding all aspects of

their care; these included activities, community events and meals provided. Service users knew there had been a change of manager recently; however, they were not clear when she visited the centre or her name a further indication of the lack of management presence in the centre.

Whilst it was noted that formal service user meetings had not been held over the past six months, the inspector was assured that the day centre had arrangements to ascertain and respond to the views of service users, for example key workers' monthly meetings, daily discussions and care management reviews.

As part of the inspection process five questionnaires were distributed to service users/representatives and returned completed to the RQIA. It was good to note that all service users' responses were positive.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Since the previous inspection in December 2015 operational restructuring had taken place within the organisation. A new manager was appointed in February 2016, and a new responsible person was appointed and took up position in March 2016. Both applications are pending registration with RQIA as all required documentation is not in place.

Discussion with the manager and staff suggested that they understood the structure of the organisation and their individual roles and responsibilities. Staff were fully aware of the recent changes to the management structure and who to contact if there were any concerns.

Staff interviewed confirmed they had access to the policies and procedures, and expressed these were in different formats. A random sample of policies reviewed found them to be out of date, with the majority of policies having a date of review recorded as either 2010 or 2013. As stated in 4.3 the policy in relation to safeguarding vulnerable adults did not accurately reflect the principles of the regional Prevention and Protection in Partnership Policy July 2015. There was no evidence that the Intimate Care Policy had been developed as requested in the previous inspection. The registered person should ensure that all policies are systemically reviewed every three years or more frequently if required.

The day care setting's Statement of Purpose and Service User Guide were examined and found to require development to fully comply with Regulations 4(1) and 5(1).

The monthly monitoring reports by the responsible person for the period December 2015 – May 2016 were not available. The manager reported there were no records of quality monitoring visits as they had not taken place. Robust governance arrangements are a key to an organisation's ability to keep adults safe from harm. Management must ensure arrangements are in place to visit and monitor the day care setting in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

The failure of the responsible person to monitor and evaluate the quality of services provided by the day care setting potentially places service users at risk of not receiving the care appropriate to their assessed needs. The registered person must establish and maintain a system for monitoring the matters set out in Schedule 3 of the Day Care Setting Regulations (2007) and for improving the quality of care provided in the day care setting. These systems must provide for consultation with service users and their representatives. A report in respect of the review of these systems must be prepared and available to service users and their representatives, and should be available for inspection.

The inspector spoke to the acting responsible person Sherri Sargent via telephone on the day of inspection. She is based in England and took up position in March 2016. Ms Sargent was very open and honest and recognised there were significant improvements required in relation to monitoring the quality of care; driving improvements; updating policies and procedures; and the statement of purpose and service user guide. She explained that she had already started a process to ensure the day care centre service was monitored on a monthly basis and had just finished a week's training for managers of those services for which she held responsibility. She outlined that the organisation had been in discussions to merge with Liveability (a major service provider in England and Wales) and during those negotiations a decision had been taken not to change policies or documents. The merge had been successfully completed on 1 May 2016 and a decision reached that Prospects would retain their policies and documents in the interim period. She reported that policies, the statement of purpose and service user guide would be updated within the next three months.

As previously stated in sections 4.3 and 4.4 this inspection highlighted significant shortcomings in the overall management and general quality assurance systems in the day centre, and there is a pressing need to ensure that priority is given to increasing the manager's presence in the day centre.

Areas for improvement

Areas were identified for improvement regarding the management arrangements, monitoring the quality of care, updating of policies, statement of purpose and service user guide.

Number of requirements:	4	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sherri Sargent and Rachel Smith 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13 (1)
(a)

Stated: Second
time

To be completed by:
30 May 2015

The registered person must confirm that:

- Assessments have been reviewed and developed to accurately reflect the risks relevant to each service user.
- The management of identified risks has been clearly outlined.
- Specialist risk assessments that detail the management of associated risks are visible for staff.

The registered person should also confirm that

- (a) missing identified SALT assessments have been obtained and
- (b) missing documents relating to other health care interventions have been replaced in service users' files.

Response by registered person detailing the actions taken:

Risk assessments currently being updated and on action plan.
Missing SALT assessments have been obtained and added to files.
Other missing documentation has been added to files. Trust has been asked to send through relevant documentation that is missing.

<p>Requirement 2</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p> <p>To be completed by: From 23 May 2016</p>	<p>The registered person must review the deployment of staff in the centre and ensure that suitably experienced staff accompany service users on community outings.</p> <p>Response by registered person detailing the actions taken: This has been discussed with staff team during supervisions. It was highlighted to the team the importance of ensuring appropriate deployment of staff. The rota is checked by the Practice Manager and contact is made by every morning to ensure deployment of staff is appropriate.</p>
<p>Requirement 3</p> <p>Ref: Regulation 11 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person must ensure the day care setting is managed with sufficient care, competence and skill. Sufficient time must be allocated to the manager to enable her to manage the day care setting effectively.</p> <p>Response by registered person detailing the actions taken: Registered Manager is based in Newry every Monday and Thursday. Practice Team Leader is based in Newry every Wednesday. This is reflected on the rota. A shift leading process is in place and this person is responsible for contacting the Practice manager on the day she is not present.</p>
<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (c) and 20 (2)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person must ensure staff receive training and supervision to enable them to undertake their roles effectively.</p> <p>Response by registered person detailing the actions taken: Training has been booked for staff. Supervisions have been monthly since inspection. Supervision and training are highlighted on rota.</p>
<p>Requirement 5</p> <p>Ref: Regulation 28 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered person must visit the day centre in accordance with Regulation 28.</p> <p>Response by registered person detailing the actions taken: Responsible person has plan in place to complete monthly monitoring of service.</p>
<p>Requirement 6</p> <p>Ref: Regulation 4</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person must ensure that the statement of purpose is revised and incorporates all elements of Regulation 4.</p> <p>Response by registered person detailing the actions taken: Statement of Purpose has been reviewed and is waiting for approval for release.</p>

<p>Requirement 7</p> <p>Ref: Regulation 5</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person must ensure the service user guide is revised and incorporates all elements of Regulation 5.</p> <p>Response by registered person detailing the actions taken: Service User Guide has been updated including an easy read version. Waiting for approval for release.</p>
<p>Requirement 8</p> <p>Ref: Regulation 17 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered person must</p> <p>(a) establish and maintain a system for monitoring the matters set out in Schedule 3 and for improving the quality of care provided in the day care setting.</p> <p>(b) report in respect of the review of these systems must be prepared and available to service users and their representatives and should be available for inspection.</p> <p>Response by registered person detailing the actions taken: Action plan was completed and updated. This is an ongoing action plan monitored by Compliance Team to ensure regulations are met. Quality questionnaires are being sent out to clients, families and professionals in July which will be collated and a report published.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person should ensure that the Intimate Personal Care Policy has been revised and updated.</p> <p>Response by registered person detailing the actions taken: This is under review.</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person should ensure that care plans include the personal outcomes sought by the service user and the daily care, support and opportunities provided by staff to the service user.</p> <p>Response by registered person detailing the actions taken: This area has been discussed with the staff team and are in process of updating care plans in order to reflect personal outcomes. This has also been discussed at service user meetings to ensure service users are given the opportunity to consider own personal outcomes.</p>

<p>Recommendation 3</p> <p>Ref: Standard 7.4</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person should ensure that individual case records/notes (from referral to closure) related to activity within the day service is appropriately maintained for each service user. This includes maintaining a daily record/evaluation note that is signed and dated by the person making the entry and periodically reviewed and signed off by the registered manager.</p>
	<p>Response by registered person detailing the actions taken: Registered Manager completes weekly audits including a sample set of daily diaries. Discussion with staff team on agreed protocol of taking notes in diaries and signing these off has been implemented.</p>
<p>Recommendation 4</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person should ensure that staff meetings take place on a regular basis and at least quarterly. Records should be kept of the meetings.</p>
	<p>Response by registered person detailing the actions taken: This has been actioned. Staff meetings have occurred each month and will be planned for each month thereafter.</p>
<p>Recommendation 5</p> <p>Ref: Standard 18.5</p> <p>Stated: First time time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person should ensure that all policies are systemically reviewed every three years or more frequently if required.</p> <p>The registered person should ensure that the Preventing Harm to Vulnerable Adults Policy is revised in accordance with the regional policy.</p>
	<p>Response by registered person detailing the actions taken: Policies and procedures are being reviewed. A copy of regional policy is at Newry alongside a local procedure.</p>
<p>Recommendation 6</p> <p>Ref: Standard 5.1</p> <p>Stated: First time time</p> <p>To be completed by: 31 August 2016</p>	<p>The manager should ensure that the sensory team is contacted for advice and guidance regarding service users with visual impairments. .</p>
	<p>Response by registered person detailing the actions taken: Southern Trust Social Worker currently making referral.</p>

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



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