



The Regulation and
Quality Improvement
Authority

Limavady Community Development
Initiative
RQIA ID: 10992
Roe Valley Hospital
24a Benevenagh Drive, Limavady
BT49 0AQ

Inspector: Louise McCabe
Inspection ID: IN23319

Tel: 02877765438
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**Unannounced Care Inspection
of
Limavady Community Development Initiative**

28 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 28 August 2015 from 10.30 to 16.45. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	6

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

2. Service Details

Registered Organisation/Registered Person: Limavady Community Development Initiative/Mr Damien Corr	Registered Manager: Ms Geraldine Jones
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Geraldine Jones	Date Manager Registered: 8 April 2009
Number of Service Users Accommodated on Day of Inspection: 12	Number of Registered Places: 23

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 included the following:

Prior to the inspection, the following records were examined:

- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from the care inspection undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with nine service users and had discussions with two staff.

The following records were examined during the inspection:

- Complaints record (none recorded)
- One accident/untoward incident record
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Five service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Four monthly monitoring reports.

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 4 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 21(3)(b)	The registered manager and staff members should engage in further training on Restrictive Practice and Restraint, to ensure that they are working with a common understanding of the issues.	Met
	Action taken as confirmed during the inspection: Deprivation of Liberty Safeguard training was provided to staff in March 2015 which included restraint issues and discussion on same.	
Requirement 2 Ref: Regulation 28(4)(b)	The registered person shall ensure that monitoring visits are carried out rigorously so that compliance with regulations and minimum standards is systematically examined and the findings are reflected in the monitoring reports.	Not Met
	Action taken as confirmed during the inspection: Four monthly monitoring reports from March – June 2015 inclusive were reviewed during this inspection. The reports were not qualitative and there was no information regarding the day service's compliance with regulations and minimum standards. There was also no evidence of the systematic review of policies and care plans. The requirement will be restated in this QIP and must be met.	
Requirement 3 Ref: Regulation 13(8)(a)	The registered person shall promote the use of more constructive and respectful language in written records for service users, if necessary, through the provision of further training for those who write them.	Partially Met
	Action taken as confirmed during the inspection: Five service user's care files were reviewed during this inspection. It can be concluded the language used in an identified service user's care records was negative in places. Further improvements are needed concerning the use of constructive and respectful language. The requirement is restated in this QIP.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.7	A number of written records in service users' files were undated and/or unsigned. It is a matter of concern that practice in this area remains unsatisfactory, having been identified as an area for improvement at the previous inspection in February 2014. The registered person shall ensure that all service users' records, created by staff members, are appropriately signed and dated.	Met
	Action taken as confirmed during the inspection: Five service user's care files were reviewed during this inspection. Care records were dated and signed by all relevant individuals.	
Recommendation 2 Ref: Standard 5.2	It is recommended that the care plan format should be revised and a single format used, taking account of the matters specified in Standard 5.2 and the advice given in discussion with the manager.	Partially Met
	Action taken as confirmed during the inspection: Evidence was provided showing the care plan format had been revised, however the manager recently introduced a new person centred care plan and both formats are now being used. The manager was advised to use one care plan template which should be person centred. This recommendation is restated in the QIP.	
Recommendation 3 Ref: Standard 18.1	The registered person should ensure that the required range of written policies and procedures is provided in the centre, as identified in Appendix 2 of the Minimum Standards document.	Met
	Action taken as confirmed during the inspection: The required range of written policies and procedures as per appendix 2 are now in place.	

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

Is Care Safe?

The day service has policies and procedures pertaining to:

- Assessment, Care Planning and Review
- Continence Promotion.
- Infection Prevention and Control.

The above policies and procedures were reviewed during this inspection. Limavady Community Development Initiative's Continence Promotion policy was not dated, is was brief and contained a statement: *"caters for people with low to medium disability and as such, we do not have clients that need continence promotion."* Discussions with the registered manager concluded there were service users who do need differing levels of support and assistance regarding their personal care needs. The service's Continence Promotion policy and procedures need to be revised so they reflect best practice guidelines and include information on:

- core values for staff and the importance of promoting service user's to be independent as possible in the area of personal care;
- the use and storage of personal protective equipment (PPE);
- the principles of infection prevention and control regarding the provision of personal care;
- the provision of relevant training for staff;
- service user's care plans need to fully reflect the staff support or assistance individuals may need;
- who is responsible for supplying the incontinence products;
- Where continence products are stored.

Review of the policy and procedure was an identified area for improvement.

Observations of practice and discussions with service users concluded staff, where appropriate and safe, encourage and enable service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserved their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Service users stated care staff know them very well. No issues were raised.

It can be concluded care was safe in Limavady Community Development Initiative, however improvements are needed regarding revising the continence promotion policy.

Is Care Effective?

The continence information in five service user's care plans were reviewed. The registered manager had reviewed the centre's care plan template as a result of a recommendation made from their previous inspection. Review of five care plans showed the manager had recently introduced a person centred planning template which was used as well as the revised care plan template. Having two recorded care plans is confusing. A discussion took place with the registered manager regarding the use of one care plan. This should be person centred and incorporate all of the relevant areas specified in standard 5.2. They should also fully reflect the service user's needs and preferences. Where relevant, the revised care plans should reflect:

- The name and size of continence product used and where this is stored
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

Discussions with two care staff concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensure service user's privacy and dignity were respected; and were knowledgeable about personal protective equipment (PPE) and where continence products are stored. Staff explained some service users only need minimal staff support and others need one staff member to provide assistance with personal care. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

There was evidence to conclude care was effective in Limavady Community Development Initiative however improvements are needed in identified areas.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

The inspector met with a total of nine service users, mostly in small groups around tables in the group room and individually with others in the conservatory. Observations of interactions between service users and care staff reflected they were treated with respect and kindness. Discussions with nine service users concluded staff were sensitive and respectful if they need support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

It can be concluded care was compassionate in Limavady Community Development Initiative.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	3	2
Service Users	5	5

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre.

Completed staff RQIA questionnaires stated they were very satisfied with:

- the training received in core values;
- communication methods;
- mental health including dementia;
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

The care inspector's overall assessment of this standard shows the quality of care to be compassionate, safe and effective.

Areas for Improvement

Two identified areas for improvement are needed regarding RQIA's review of standard 5. These concern:

1. Review of identified policies and procedures.
2. Care plans.

Number of Requirements:	0	Number of Recommendations:	2
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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 day service has policies and procedures pertaining to service user involvement; communication and complaints. The following policies and procedures were in place and reviewed during this inspection:

- Involvement of Service Users
- Listening and Responding to Service Users Views
- Communication with Carers and Representatives
- Complaints policy.

The Involvement of Service Users policy was not dated. The Listening and Responding to Service User's Views stated quality assurance surveys are issued to service users on a six monthly basis. There was no evidence of this during the inspection. The policy does not state the frequency of service users' meetings. These are identified areas for improvement.

Discussions with nine service users, two staff and the manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector's review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in Limavady Community Development Initiative.

Is Care Effective?

Discussions with the manager, nine service users and review of care documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained for example: informal discussions with staff, service user meetings; annual quality assurance surveys and their annual review of their day care placement.

The minutes of the three most recent service users meetings were reviewed during this inspection. The meetings had taken place on: 28 July 2015; 17 April 2015 and 3 October 2014. More frequent service users' meetings are needed, these should take place on different days of the week so that service users not attending five days per week have an opportunity to express their views and opinions. The minutes of meetings were qualitative and informative and reflected service users views and opinions were sought and form the basis of all discussions. They contained the names of the service users who attended and a summary of the discussions. The minutes did not contain an agenda; detail if any action is needed with details of who is responsible for this. This is an identified area for improvement.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. Two of the five review reports contained either the service user's or their representative's views and opinions of the day service. One identified service user's last annual review was in May 2014. There were no recent annual review records regarding another identified service user in the past year. A discussion took place with the manager about standard 15 as service user's should have an annual review of their day care placement. The manager explained one of the service user's recently had an annual review in another care establishment. His/her review incorporated their views and opinions of the quality of care provision in Limavady Community Development Initiative. Copies of records pertaining to his/her annual review had not been received by the day service.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to service users and their representatives in July 2014. The surveys invited responses to the following questions:

- Regarding complaints – has the centre met your expectations?
- What do you like to do?

- What do you think of the choice of activities?
- Are you involved in choosing activities?
- Is the centre adequately equipped to cater for any disabilities you may have?
- Do staff show respect for your dignity and privacy?
- What do you think of the food and refreshments?
- If you use LCDI transport, what do you think of it?
- How do you find the bus staff?
- Is the centre comfortably furnished and appropriately equipped?
- In general, how do you rate the centre?

An evaluation report had not been completed. This is an identified area for improvement. The manager said she was unsure when the centre's next annual survey will take place because there is a new impact study on the changing needs of day care being implemented. The minutes of the service users' meeting on 28 July 2015 discussed the new impact study.

Complaints

Since the previous care inspection, no complaints had been recorded in Limavady Community Development Initiative's complaints record.

Discussions with service users concluded they were aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Monthly Monitoring Reports

Four monthly monitoring reports from March to June 2015 were reviewed during this inspection. It can be concluded the monthly monitoring reports were brief and not qualitative or informative concerning compliance with regulations and minimum standards despite a requirement being made about this from the previous inspection. There were no details regarding audits of care plans, care files, staff training or review of policies and procedures. Three monthly monitoring reports reflected the views and opinions of either two, three or four service users. The sections on action plans and 'other improvements planned' in three monthly monitoring reports were blank. The monthly monitoring report dated 18 March 2015 stated visits will be more detailed, however there was no evidence of this.

The inspector concluded the quality of care provision in Limavady Community Development Initiative was effective, however identified improvements are needed.

Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

The inspector met with a total of nine service users, in small groups in the dining area or individually in the conservatory. Observations of interactions between service users and care staff reflected they were treated with respect and kindness.

Discussions with nine service users concluded the quality of their lives has improved significantly as a result of their attendance at Limavady Community Development Initiative.

Service users said they enjoyed attending the centre and staff frequently ask them for their views and opinions. They also said staff listen to them and help them when they need it.

A sample of the comments made by service users about the day service included:

- *"I love it here."*
- *"Coming here gets me out of the house. I enjoy it."*
- *"The staff are excellent, A1 and you couldn't get better."*
- *"There's lots to do here. I enjoy working outside in the garden, we work hard out there."*
- *"I like it here, everyone is friendly and staff are good to us."*
- *"We get out and about a lot. I love it here."*
- *"Staff listen to us and care about us."*

No concerns were raised.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	3	2
Service Users	5	5

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the areas of 'is care safe, effective and compassionate' which related to the quality of care provision and that their views and opinions were sought. The questionnaires contained the following qualitative comments:

- *"Everything is going very well with LCDI day care."*
- *"Starting with the suprimo (manager) – she is a constant inspiration to the group in general (and me in particular) with her plans and her constant enthusiasm, like for example, leading by example."*
- *"What more can be said, if there was a happier wee face, I'd have circled it."*
- *"Obviously I can only respond to the question with regards to myself – but honestly I honestly am more than very satisfied with the service I am receiving."*

It can be concluded the quality of care provision in Limavady Community Development Initiative was safe, effective and compassionate, however improvements are needed in identified areas.

Areas for Improvement

Four areas for improvement were identified as a result of the inspector's examination of this standard. These regarded:

1. Review of policies and procedures.
2. Service users' involvement.
3. Service user's annual reviews.
4. Monthly monitoring visits and reports.

Number of Requirements	1	Number Recommendations:	3
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

The care inspector reviewed one accident / untoward incident record. The service's accident and untoward incident records were being maintained in accordance with regulation 29.

5.5.2. Care Records

Review of five service user's care plans and progress care notes concluded negative language was used which could be interpreted as disrespectful to the service user. A discussion took place with the registered manager about the need to improve the language used in care records. Care records should be constructive, respectful and person centred. This area was also discussed during Limavady Community Development Initiative's previous inspection.

5.5.3. Returned RQIA Staff Questionnaires

Two completed staff RQIA questionnaires were returned. Review of these indicated staff were very satisfied regarding the areas of 'is care safe, effective and compassionate.' The following qualitative comments were made in the questionnaires:

- *"I feel confident and passionate about doing my job since the day I started."*
- *"Courses have been very thorough in content."*

5.5.4. Environment

The inspector undertook a tour of Limavady Community Development Initiative. The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained.

On the day of this inspection, it was warm and sunny. The temperatures in the conservatory exceeded the minimum standard due to the heat of the sun through the glass ceiling in the conservatory. Venetian blinds were in place around the windows, however appropriate covering is needed for the ceiling. This covering will be effective in warm weather and help retain heat in colder weather.

Limavady Community Development initiative is part of a large complex of Trust and voluntary health care services and buildings. A discussion took place with the registered manager about the need for appropriate signage in the carpark and at the main entrance to signpost new visitors to Limavady Community Development Initiative.

Areas for Improvement

Four areas for improvement were identified as a result of the inspector's examination of additional areas. These areas concerned:

1. Infection prevention and control.
2. Environment (two matters).
3. Care records.

Number of Requirements	1	Number Recommendations:	2
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Geraldine Jones, registered manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk 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.

21 OCT 2015

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 28(4)(b) and (c)

Stated: Second time for (a)
First time for (b)

To be Completed by: Immediate and Ongoing

The registered person shall ensure:

- (a) monitoring visits are carried out rigorously so that compliance with regulations and minimum standards is systematically examined and the findings are reflected in the monitoring reports.
- (b) The monthly monitoring reports include a review of service user's care files, staff training and a review of the environment.

Copies of the monthly monitoring reports must be forwarded to the care inspector of RQIA until further notice.

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

More detailed monitoring visits will be carried out. The forms have been altered to include headings to ensure that everything is reviewed

Requirement 2

Ref: Regulation 13 (8)(a)

Stated: Second time

To be Completed by: Immediate and ongoing

The registered person shall promote the use of more constructive and respectful language in written care records for service users.

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

A staff meeting has been held regarding the use of respectful language. Care records will be more regularly checked and the staff will be more aware of what they are writing down.

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time for (a) and first time for (b) and (c)</p> <p>To be Completed by: 30 September 2015 for (a) and (c) Immediate and ongoing for (b)</p>	<p>The registered manager should ensure:</p> <p>(a) the care plan format is revised and a single format used, taking account of the matters specified in standard 5.2 and the advice given in discussions during this inspection.</p> <p>(b) Review the identified service user's care plan.</p> <p>(c) With regards to continence promotion; where relevant, care plans should reflect:</p> <ul style="list-style-type: none"> • How the service user is approached • The name and size of continence product used and where this is stored • The number of staff needed to provide assistance • The level of staff support and assistance needed • If a change of clothes is available and where these are located.
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The care plan format has been changed. We had a staff meeting devoted to care plans and agreed the best way to present the plans. The identified service users care plan has been reviewed and changed. Continence Promotion is more detailed in the care plan now. Service users will be encouraged to write their own plans. They should be approached in confidence with respect to privacy & dignity.</p>

<p>Recommendation 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing for (a) and (b) 15 October 2015 for (c)</p>	<p>The registered manager should ensure:</p> <p>(a) there are more frequent service users meetings. These should be held on different days so that all service users attending Limavady Community Development Initiative have opportunities to attend and influence the running of the day service (standard 8.2).</p> <p>(b) The minutes of service users' meetings should include:</p> <ul style="list-style-type: none"> • The names of those attending; • An agenda; • The outcomes of action taken since the previous meeting; • A summary of discussions; • The action to be taken from any matters raised. <p>(c) An evaluation report is completed that identifies the methods used to obtain the views and opinions of service users. This should incorporate the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users or their representatives (standard 8.5).</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Service user meetings will be held on alternate days at the end of every month. Detailed minutes will be taken. The service users have an agenda page on their noticeboard where they can write topics that they would like discussed at the next meeting. The date of the next meeting will be displayed throughout the month. Up to now we have given the users the minutes of the meetings. We will from now on also give them the evaluation report.</p>

<p>Recommendation 3</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing for (a) By 15 September 2015 for (b) and (c)</p>	<p>The registered manager should ensure:</p> <ul style="list-style-type: none"> (a) Service user's annual review reports contain all of the relevant information specified in standard 15.5; (b) An annual review takes place for the identified service user; (c) A copy of the annual review report is retained in his/her care file concerning the identified service user who had his/her annual review of his/her day care placement in another care establishment.
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>The annual Review Reports have been altered to contain all of the relevant information needed.</i></p> <p><i>All clients have had an annual review.</i></p> <p><i>It is sometimes hard to obtain copies of reviews held in other centers but I will chase these up from the social workers.</i></p>
<p>Recommendation 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>The registered persons should ensure the following policies and procedures are reviewed and include relevant best practice guidance:</p> <ul style="list-style-type: none"> (a) Continence Promotion (b) Listening and Responding to Service Users' Views (c) Skin Care.
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p><i>Continence Promotion Policy has been changed.</i></p> <p><i>Skin care Policy has been changed</i></p> <p><i>Listening + Responding to Service Users Views has been changed.</i></p>

<p>Recommendation 5</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be Completed by: 15 October 2015</p>	<p>With regards to the environment, the registered persons should ensure appropriate:</p> <p>(a) Coverings are in place on the ceiling of the conservatory which are suitable for summer and help retain the heat in cold weather (standard 25.2).</p> <p>(b) Signage is in place at the main entrance to Limavady Community Development Initiative and directional signage is in place in the carpark.</p> <p>The completed QIP should state the action taken with timeframes for both (a) and (b).</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>We have bought a revolving fan for the conservatory for the summer. There are six eight windows which open and double doors to the exterior. There are alternatives to the conservatory - the main room, outside in the sun, outside in the shade. We have ordered a sign for outside.</p>
<p>Recommendation 6</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>With regards to infection prevention and control, the registered manager should ensure:</p> <p>(a) Personal protective equipment (PPE) is in closed storage and not openly displayed on shelves.</p> <p>(b) Liners are in place in all bins.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The Toilet cupboard has been changed so that all PPE is stored in it and nothing is left out.</p> <p>All bins will have liners from now on.</p>

Registered Manager Completing QIP	<i>Gilda & Sons</i>	Date Completed	10/10/15
Registered Person Approving QIP	<i>[Signature]</i>	Date Approved	19/10/15
RQIA Inspector Assessing Response	<i>Louise McCabe</i>	Date Approved	22/10/15

Louise McCabe

Louise McCabe
Inspector/Quality Reviewer

24/9/15

Date