

# Unannounced Care Inspection Report

## 30 September 2016



## Mourne Stimulus Day Centre

Type of service: Day Care Service  
Address: 1 Council Road, Kilkeel, BT34 4NP  
Tel no: 02841765897  
Inspector: Suzanne Cunningham

[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 Mourne Stimulus Day Centre took place on 30 September 2016 from 10.00 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care 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?

The inspection of the number of staff on duty, supervision records, training records; observations of the setting; discussions with service users and staff provided evidence that the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Mourne Stimulus day centre were observed responding to a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety, and the premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe" concluded the minimum standards inspected should be improved in the following areas: they should establish a record of staff working each day and in what capacity; improve the staff induction programme; improve the system and process in place to manage service users' money; and the fire risk assessment for the setting should be reviewed.

### Is care effective?

The inspection of four service users individual care records, incident recording, complaints recording, discussion with the service users, staff and visiting professionals concluded care was being delivered at the right time, in the right place, and with the best outcome.

The care records examined reflected comprehensive assessed needs, individualised care plans, reviews and multi-professional collaboration in planned care. Service user risks had been assessed with measures in place to minimise risks reflected in care plans.

Overall the inspection of "is care effective" concluded two areas for improvement should be addressed to ensure the minimum standards inspected are fully met. They were the revision of the service user individual agreements and retention of individual service user's daily care notes.

### Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Staff were observed listening to service users, seeking their views and communicating with them in a supportive and caring manner.

Overall the inspection of "is care compassionate" concluded the minimum standards inspected were met. One area for improvement was identified regarding the annual service user satisfaction survey outcome report. This should detail actions taken to address identified issues and the improvements made.

## Is the service well led?

The discussion with staff and service users regarding management arrangements confirmed they were informed regarding the arrangements and the staffs role and responsibilities. Documents and records inspected provided evidence there was arrangements in place that promoted minimum standards of care and quality improvement in the setting.

Overall the inspection of “Is the service well led?” concluded the inspection of the minimum standards were met. Two areas of improvement were identified regarding the annual quality report for 2015/2016 should include a written conclusion and action plan. The identified policies and procedures should be reviewed.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, 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	9

Details of the Quality Improvement Plan (QIP) within this report were discussed with Melanie Nolan, registered 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 type e.g. care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24/06/2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mourne Stimulus Day Centre/Robert Desmond Wilson	<b>Registered manager:</b> Melanie Nolan
<b>Person in charge of the service at the time of inspection:</b> Melanie Nolan	<b>Date manager registered:</b> 27 March 2009

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager
- Incident notifications which revealed eight incidents had been notified to RQIA since the last inspection
- Unannounced care inspection report 24 June 2016 and the organisations response to the inspection.

During the inspection the inspector met with:

- The registered manager
- Three staff
- Eight service users.
- One relative.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Mourne Stimulus day centre. Five were returned by service users, four by staff and four by relatives.

The following records were examined during the inspection:

- Four service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had no entries recorded from April 2015 to September 2016
- A sample of incidents and accidents records from June 2016 to September 2016
- A sample of the monthly team meeting minutes for May to August 2016
- Staff supervision dates for 2016
- Three staff records
- Three monthly monitoring reports from June 2016 to August 2016
- Staff training information for 2016
- Statement of purpose
- Service user's Guide.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 24 June 2015

The most recent inspection of the day care setting 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 24 June 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 28.4 <b>Stated:</b> Third time	The registered person must further improve the report format and content of the regulation 28 visit to ensure the conduct of the day centre setting is inspected and reported on for each regulation 28 visit undertaken.	<b>Met</b>
	Additional actions taken by the new monitoring officer to achieve this must be reported on the returned QIP.	
	<b>Action taken as confirmed during the inspection:</b> The monitoring visits were sampled from January to August 2016. This revealed the monitoring visits are being done by an external professional who is familiar with regulatory processes and day care standards. Improvements had been made to the content.	
Last type e.g. care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> First time	The registered manager should work with staff and service users to develop a subtle way for service users to identify their own storage box that contains their continence products. The storage boxes should not breach individual service user's privacy but enable them to identify their own belongings.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of arrangements for storage of service user's personal items revealed this had been completed.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 8.2 & 8.3 <b>Stated:</b> First time	The registered manager should ensure the feedback contained in two RQIA questionnaires is reviewed with service users. The questionnaires describe the service users are very unsatisfied that the service is safe, effective and compassionate. No comments have been made to identify if there are specific issues however the general dissatisfaction must be investigated and any concerns should be addressed. The returned QIP must detail all actions taken in this regard.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> The manager had met with service users to ascertain if there was any concerns service users had. This did not reveal any improvements, issues or concerns. The monitoring officer and staff continued to identify if service users had any concerns regarding safe, effective and compassionate care through informal discussions, monitoring visits and questionnaires. This did not revealed any concerns.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 8.4  <b>Stated:</b> First time	The registered person must ensure service users' views and opinions are sought on a formal basis at least once per year. A report should be completed which incorporates details of this and measurable outcomes. This should then be shared with service users and their representatives.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This had been completed and a report was made available for this inspection.	

#### 4.3 Is care safe?

Discussion with the manager revealed the staff team had been stable and new staff had commenced since the last inspection. A walk around the setting showed there was staff in all of the rooms and no service users were left alone. Overall the observation did not reveal any service users with unmet needs during this inspection.

The staffing rota was not available for inspection. The manager had not formally recorded a record of staff working each day, the capacity in which they worked and who was in charge of the setting. Staff availability including annual leave had been written in a diary and on a board in the entrance area. A recommendation is made for the setting to record and retain the record of the staff working daily and in what capacity.

On the day of the inspection the manager and the development coordinator (day care worker) facilitated the inspection. They provided evidence and information of safe care. For example three staff files were inspected. They provided evidence that staff commenced their job following satisfactory pre-employment checks undertaken by the organisation. There was also evidence the staff who act up in the managers absence had undertaken a competency assessment with the manager which recorded they had the knowledge, skill and experience to undertake this role. The competency assessments were signed by the manager and staff indicating they were competent and willing to undertake this role as required.

There was a range of policies written such as staff induction policy, staff sickness/ absence policy, staff training and safeguarding vulnerable adults in place which provided guidance for staff and supported safe practices in this day care setting.

Staff induction records were sampled for the last two staff that commenced their posts in Mourne Stimulus. The induction record was a tick list of things they needed to know about the building and practical issues regarding the day care that is delivered in the setting. The induction did not assess the workers ability to provide safe, effective or compassionate care in the setting or incorporate the Northern Ireland Social Care Council (NISCC) induction standards. A recommendation is made for the induction programme to be reviewed to ensure the induction process sets out everything new workers need to know to undertake their job safely, effectively and compassionately.

Staff supervision records inspected showed staff had received one individual supervision session no less than once every three months. The manager had introduced a pre supervision record which had prompted thinking regarding the agenda for the meeting and developments since the last meeting. This was a good example of management engaging with staff to make sure they focus on improvements and developing the workers skills. The minutes sampled indicated this had promoted discussion regarding safe, effective and compassionate care.

The staff training record was inspected for 2016. The staff mandatory training and training specific to service users' needs record detailed they undertook a range of training such as eating and drinking, epilepsy, new policies and procedures, MAPA (behaviour management) and vulnerable adult training. This record and discussion with the assistant manager and staff confirmed all staff had or will receive the required training to safely undertake the duties of their role in 2016.

This day care setting was delivering a range of activities. They ranged from room based activities, the gardening project, the picture framing project, community activities and jobs in Mourne Stimulus such as administration, and helping with lunch time preparation and clearing up after. The service users were observed engaging with the activities they wanted to take part in. Staff support was provided as identified within their assessment; to ensure they are safe. During the inspection staff were observed enabling individuals to be involved in group activities so they could experience the benefits of social interaction with other service users. In one group activity where service users were playing a ball game together, staff support enabled everyone to be involved regardless of their physical needs. This resulted in the group being able to equally compete with each other, have fun together and communicate as a group.

The system and process in place to manage service users' money when brought to or kept in the day care setting was discussed with the manager. The manager reported that the administrator retained records of all transactions which were securely retained within the administrator's office. The administrator was off duty therefore records were not examined at this inspection. The manager explained that all moneys were receipted with a copy given to the service user/representative and a log retained with two staff signatures recorded. The manager explained that the only money received was for lunches/refreshments transport or on special occasions, personal shopping trips/outings. This detail should be reflected within the service user agreement. It is recommended that reconciliation of transactions should be made on a monthly basis and records retained should be made available for inspection.

In the main centre the care was delivered in a range of rooms that accommodated a one to one care room, rooms for small groups, physical activities, sensory activities, crafts, quiet time/relaxation and larger group activities such as bowls and boccia. There was also outside space and bathrooms, which were all observed as accessible.



The walk around the environment identified there was infection prevention and control measures clearly displayed and fire exits were observed as clear. Two fire drills had been undertaken in 2016. These safety measures did not reveal any concerns regarding safety in the environment that were not being managed or addressed. The fire risk assessment was sampled and this had a suggested review date for July 2016. This was overdue and a recommendation is made for this to be renewed.

Overall the environment was functional for this group, warm, comfortable and the lay out promoted freedom of movement for all service users. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

Eight service users were consulted with during the inspection regarding is care safe. This revealed they had felt safe with staff and said the day centre is a safe place for them to come to.

Five service users returned questionnaires to RQIA regarding this inspection and they stated they felt safe in the setting; they could talk to staff if they were unhappy, the setting was comfortable, they knew what to do if the fire alarm sounded and they could tell someone if they were worried about someone being treated badly.

Four relatives returned questionnaires. They answered their relative is safe and protected from harm, they could talk to staff, and they would report concerns to the manager and the environment is suitable to meet their relative's needs. One relative wrote "I am very satisfied with the care (service user's name) gets. He just loves the centre and is always waiting to go in the morning."

Three staff on duty discussed safe care in this setting. They described the staff had worked well together; there was good organisation in place to ensure staff are working where they are needed to address risk and need. For example if a service users behaviour is deteriorating they staff in that area are skilled to respond to behaviours positively, and the right number of staff are in each area to divert behaviours and the activity can continue to be facilitated. The staff described providing safe care that is planned; in a safe environment.

The staff said they discuss safe practice with their colleagues or the management team. They described the staff work well together and are open with each other to ensure they offer each other support. They had received training which included policy and procedures. Staff training was highlighted by staff as promoting safe practice because they learnt the theory and then did role play to put their learning into practice. The staff identified safe care was promoted in Mourne Stimulus through open communication between staff, service users and the manager. They described responding to service users changing needs by ensuring risk assessments and plans were up to date, they promote service users independence when possible, care delivered is consistent with the settings policies and procedures, staff respond to vulnerability and are using safeguarding procedures when necessary.

Three staff responded in the questionnaires regarding safe care. They stated safety was very good in the setting. The questionnaires detailed care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.



## Areas for improvement

Four areas of improvement were identified regarding: establishing a record of the staff working daily and in what capacity; improving the staff induction programme; improving the system and process in place to manage service users' money; and reviewing the fire risk assessment for the setting.

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

The setting's statement of purpose and service users guide, in pictorial format was available in the centre. The document accurately reflected legislative requirements and minimum standards. The document was consistent with the registration details held by RQIA in terms of the service user group and number of service users cared for. The focus of this setting was described as enabling service users to reach their potential, provide support and advocate on the service users behalf when necessary. A range of service user's individual documentation such as service users agreements, assessments and care plans which were inspected and observation provided evidence the staff were effectively achieving this on a daily basis; for service users that were attending this setting.

Service users' agreements were found in two of the four care files examined. The manager reported that the issue and signing of individual agreements was work in progress which would be completed soon for all service user/representatives. It was recommended that review and revision of the agreement templates is undertaken to ensure full information is reflected in compliance with Standard 3. A recorded date of signing by the service user/representative is also necessary. This agreement should be in place before the service user starts at the day care setting, or if this is not possible, it is in place within the first five full days of attending the setting.

Individual care records were being maintained and stored within a secure location. Four care records examined contained current comprehensive individual needs assessments which were complemented with risk assessments. Care plans reflected identified needs, including risks, with goals and interventions recorded. The measures to minimise risks were reflected. There was also recorded evidence of multi-professional collaboration and review. Daily notes of care provided were examined and discussed with the care worker who explained that notes were recorded every day of the service user's attendance and a three monthly review report developed from the daily notes. One recommendation made related to the retention of daily care notes in keeping with standard 7.4 of The Day Care Settings Minimum Standards (January 2012) .

Care records examined contained recorded evidence of audit which had been undertaken on a three monthly basis.

Care records contained recorded progress reviews which were being held internally by staff and annually reviews with the Southern Health and Social Care Trust (SHSCT) key worker to ensure identified needs were met and that placement within the centre remained appropriate.

There was good evidence of effective communication between service users, staff and other key stakeholders. For example a wide range of pictorial signage providing ease of navigation around the centre, notice boards contained a pictorial range of information including health

topics, menu for the day and scheduled individual daily activity for service users. Makaton signage was noted to be used by staff when communicating with service users. Overall good communication was noted throughout. This is to be commended.

Discussion with service users identified they feel the setting had effectively met their needs. They discussed the food, social opportunities, activities and care from staff was meeting their needs. They described they like the choices for activities such as picture framing, boccia, bowling, computer skills and jobs such as dining room duties. They said staff are on hand to support them as required.

Five service users' questionnaires identified they were getting the right care at the right time; staff were communicating with them; their choices are listened to; they can choose the activities they take part in; and have been involved in the annual review of their day centre placement.

One relative met with the inspector. They described they knew who they would contact if advice was needed or to raise a concern. This relative commended the staff on the warm welcome she always received and explained that the "door was always open" to meet with the manager and "staff were most helpful in every way". This relative confirmed that she felt the care provided was very effective.

Four relative's questionnaires identified their relative gets the right care, at the right time, in the right place; they were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices, that these were incorporated into the care they receive; and they are involved in their relative's annual review.

Discussion with staff confirmed they follow the care plans and ensure they find out all they can about each service user. They aim to be familiar with each service user's needs as service users move around the setting to take part in a range of activities. Staff described communicating with each other regarding service user's to ensure they are all familiar with the care plan and needs assessment. This may be done formally in team meetings or informally when the staff group are planning for their day. The staff were informed regarding the need for confidentiality and recording accurately in all forms of communication such as home to day care communication books and the settings individual service user records.

Four staff questionnaires identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

### Areas for improvement

Two areas for improvement were within this domain regarding the review and revision of the service user individual agreements and retention of individual service users daily care notes.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.5 Is care compassionate?

This inspection included consultation with eight service users during the walk around the setting and the afternoon group activity. Observation of the morning and afternoon craft activities was also undertaken. During the walk around and discussions; the staff were observed communicating with service users using a range of communication methods that were

appropriate such as Makaton, body language, sounds and visual prompts. Staff were observed checking service users were comfortable, that their needs were being met and seeking their views. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence where possible.

Observation of the serving of the mid-day meal demonstrated this was done in a dignified, respectful manner, with meals nicely served and presented. Special dietary meals were provided including soft and pureed foods required. A choice of meal was available with an alternative provided. Condiments, napkins and drinks were positioned on each table. Supervision and assistance was provided by staff in a dignified respectful manner. The daily menu with choice was displayed.

The staff described they consult with service users informally when they are in the setting regarding their needs, preferences and choices. They described the service users and relatives place trust in them to provide safe, effective and compassionate care. They ensure service users are communicated with clearly so they can understand staff. They ensure they listen and hear/ understand what service users are saying, they integrate service user's preferences and choices into the care provided and they respond behaviour positively to ensure service users are comfortable, feel listened to and their views are respected.

There was good evidence of effective communication between service users, staff and other key stakeholders. Service user meetings were being held monthly with minutes recorded and retained on file. Minutes reflected discussions held with service users, for example, therapeutic activity, social outings, choices and preferences.

The annual service user satisfaction survey had been undertaken for 2015/2016. The questionnaires received from respondents were in the process of being analysed. It is recommended that when this analysis of responses is undertaken an outcome report is written showing action taken to address identified issues and improvements made. This information should then be reflected within the annual quality report.

Consultation with service users regarding compassionate care revealed they felt the care and support provided by staff promoted their participation, confidence, and wellbeing. Overall the feedback was staff were "nice" and "good" and the day centre is somewhere they can come to that makes them "feel good".

Five service users' questionnaires identified they were treated with respect and were involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

Two relative's questionnaires described their relative was treated with dignity and respect and involved in decisions affecting their care. They do not have any concerns and their relative is treated well. Two additional comments were written, they are: "I don't have any issues at all, the staff keep me informed what is going on"; and "the staff have always shown great concern if my daughter is off colour either by a phone call or a note home to express their concern".

The four staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

## Areas for improvement

One area for improvement was identified regarding producing an annual service user satisfaction survey outcome report that details action taken to address identified issues and improvements made.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.6 Is the service well led?

The registered manager was present during the inspection. The examination of the day centres statement of purpose evidenced the management arrangements detailed were consistent with the day centres registration details. The manager provided examples of management and governance systems they have in place which ensure the setting is safe, well managed and service users' needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. Examples were quarterly reporting of outcomes regarding care planning, food, incidents, accidents, complaints, vulnerable adult concerns, recruitment, restraint, risk assessment and management, staffing, medicines, fire drills, supervision and appraisals; the monthly monitoring visits; and the audits of the settings records and environment. The audits did not identify any concerns regarding the centres compliance.

The annual report for 2015/2016 was not available for this inspection and the report for 2014 / 2015 was provided. The document presented as compliant with regulation 17(1) however, there was no written conclusion or action plan following the annual review of the setting. A recommendation is made for this to be incorporated into the report for 2015/2016. This report should also be submitted to RQIA with the returned QIP.

A sample of the monthly monitoring visits and reports were inspected from June to August 2016. The reports available evidenced visits had taken place once per month as required in regulation 28 and described the conduct of the setting.

Policies and procedures were accessible for staff in centrally indexed files. The manager explained that review and revision of policies and procedures was work in progress. It was recommended that priority is given to the review and revision of the adult safe guarding policy, dated March 2014, in light of the new policy entitled Adult Safeguarding, Prevention and Protection in Partnership (Department of Health 2015) and the identification of an Adult Safeguarding Champion. Priority should also be given to review and revision of the whistle blowing policy.

The complaints record was reviewed and this revealed none had been received. Compliments records were also recorded and maintained by staff.

The service users spoken with described the management arrangements in the setting. They said the manager was accessible to them and they could talk to any of the staff if they had suggestions or a concern.

Five service users' questionnaires identified the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they are asked what they would like to do in the setting.

Four relative's questionnaires stated the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide. One respondent wrote "It is a great centre very well managed. I just couldn't do without it. He just loves the staff".

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern communicated by service users. The staff described the manager as supportive and they knew they could speak to any staff for guidance or advice. The staff described the organisation were supporting staff to develop skills and knowledge through training, supervision and appraisal. All staff spoken to were clear who they report to and what to do if they had a concern about a staff member or service user.

Four staff questionnaires identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

### Areas for improvement

Two areas of improvement were identified regarding the annual report for 2015/2016 should include a written conclusion and action plan and the identified policies and procedures should be reviewed.

<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 Melanie Nolan, Registered 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 care setting. 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 Settings 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.

## Quality Improvement Plan

Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 23.7  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2016	<p>The registered provider should formally record what staff work each day, the capacity in which they worked and who was in charge of the setting, for example a staff rota.</p> <p><b>Response by registered provider detailing the actions taken:</b>  We devised and implemented an appropriate staff rota this has been implemented since 1st November and will be reviewed at the end of the month, to assess any changes needed to meet our individual organisational needs. This is situated in reception and staff sign in on arrival. Manager checks weekly.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2016	<p>The registered provider should improve the staff induction programme. The induction process and record should set out everything new workers need to know to undertake their job safely, effectively and compassionately. The record should evidence after the induction period the staff member can and does provide safe, effective and compassionate care. NISCC induction standards may be used.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Our new induction package as viewed at inspection will now be revised to include the NISCC, 6 induction standards. Throughout the induction pack we will create opportunities for the employee to show their competencies and knowledge against the standards.  Manager recently attended on 8th November 2016 NISCC training seminar on Workforce development and qualification guide this will aid our future training and development section within the pack.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.7  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2016	<p>The registered provider should establish a system for the reconciliation of transactions that should be made on a monthly basis. Records retained should be made available for inspection.</p> <p><b>Response by registered provider detailing the actions taken:</b>  A procedure and monitoring form has been implemented from the 1st November 2016 where the administrator and Manager cross reference and sign off the total weekly income ie; dinner monies, transport monies etc against the receipt book and lodgement slip. The Treasurer will also sign the monitoring form on a monthly basis. This procedure has been added as an appendix to 'Financial Transactions'.</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time	<p>The registered provider should make appropriate arrangements for the settings fire risk assessment to be reviewed without delay. Any recommendations made following the assessment visit should be addressed by the registered provider. The actions and measures put in place to reduce risk should be recorded on the assessment to demonstrate risk reduction and risk management measures in place.</p>



<b>To be completed by:</b> 25 November 2016	<b>Response by registered provider detailing the actions taken:</b> Our Fire Risk Assessment has been revised and updated by appropriate person on 15th November 2016. He made one new recommendation which has been recorded on the Fire Risk Assessment. This will be actioned as soon as possible and documented when completed. The recommendation is to forward a set of centre keys to our local fire authority for weekend access if required. We will also update our key management policy to include the Fire Authority having a set of keys.
<b>Recommendation 5</b>  <b>Ref:</b> Standard 3  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2016	The registered provider should review and revise of the service user agreement template to ensure full information is reflected in compliance with Standard 3. A recorded date of signing by the service user/ representative is also necessary. This agreement should be in place before the service user starts at the day care setting, or if this is not possible, it is in place within the first five full days of attending the setting.
	<b>Response by registered provider detailing the actions taken:</b> We have revised and reviewed the Service Users agreement in keeping with Standard 3 and made the additional requirements. Within the Service Users Guide we will make reference to the Service Users agreement stating when this must be completed and implemented. The new update version of Service Users agreement will be forwarded to existing attender to complete and sign same. A section for this agreement will be allocated within the attender's core folders.
<b>Recommendation 6</b>  <b>Ref:</b> Standard 7.4  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2016	The registered provider should improve the arrangements for the retention of daily care notes. This must be in keeping with standard 7.4.
	<b>Response by registered provider detailing the actions taken:</b> In the Management of Records policy we have added a procedure on retention and disposal of daily notes in keeping with Standard 7.4. All staff were made aware of same at staff meeting in October, minute recorded.
<b>Recommendation 7</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2016	The registered provider should use the analysis of the annual service user satisfaction survey to produce an outcome report. This report should show action taken to address identified issues and improvements made. This information should then be reflected within the annual quality report.
	<b>Response by registered provider detailing the actions taken:</b> Administrator is currently collecting the data from the Annual Quality Questionnaires this will be completed by 24th November in preparation for our AGM on Tuesday 29th November. The outcome of the questionnaires will be documented, analysed and actioned within the Annual Quality Report. Our Annual Quality Report will be forwarded to you in due course.



<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 17.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 November 2016</p>	<p>The registered provider should improve the annual report format. The 2015/2016 report should include a written conclusion and if required an action plan. The 2015/2016 report should be submitted to RQIA with the returned QIP.</p> <p><b>Response by registered provider detailing the actions taken:</b> Evidence will be forwarded in relation to Quality Assurance Questionnaires where the data has been completed but the conclusion still needs to be analysed and an action plan implemented.</p>
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 November 2016</p>	<p>The registered provider should improve the following policies and procedures:</p> <ul style="list-style-type: none"> <li>• Review and revise the adult safe guarding policy, dated March 2014, in light of the new policy entitled Adult Safeguarding, Prevention and Protection in Partnership (Department of Health 2015) and the identification of an Adult Safeguarding Champion.</li> <li>• Review and revise the whistle blowing policy.</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> We have attached the Adult Safeguarding prevention and protection in Partnership policy to our existing safeguarding policy which we have updated making reference to the identified Adult Safeguarding champion role within Mourne Stimulus. We are in the process of amending the flow charts in the group rooms in keeping with this new legislation. Within the Service Users Guide section on 'Keeping me safe' will also be amended. Mourne Stimulus currently have a whistle blowing procedure. This will be updated when we implement the whistle blowing policy. Same has been sourced and awaiting Board approval followed by staff training. This will also be delivered to the staff team at staff training.</p>



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