



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: SENSE
Establishment ID No: 11004
Date of Inspection: 15 January 2015
Inspector's Name: Louise McCabe
Inspection No: 20326

The Regulation And Quality Improvement Authority
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Name of centre:	SENSE
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Registered organisation/ Registered provider:	Ms Collette Gray
Registered manager:	Ms Kathryn Robinson
Person in Charge of the centre at the time of inspection:	Ms Kathryn Robinson
Categories of care:	DCS-SI, DCS-PH, DCS-LD(E), DCS-LD
Number of registered places:	18
Number of service users accommodated on day of inspection:	14
Date and type of previous inspection:	4 December 2013 Primary Announced Inspection
Date and time of inspection:	15 January 2015 9.30am–5.30pm
Name of inspector:	Louise McCabe

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	7
Staff	5
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	11	5

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Sense (Meadowbank) Day Centre is situated in a commercial site in Meadowbank Road, approximately one mile from the town of Carrickfergus. The accommodation is comprised of three industrial units, which have been adapted to the needs of the service. There is a bus service nearby which links directly to Carrickfergus and to Newtownabbey. Meadowbank is one of a number of facilities run by Sense Northern Ireland.

Service Users at Meadowbank are adults who may have a severe sensory impairment, a learning disability or a number of disabilities. Some individuals require one to one support and assistance throughout the day. Some also present as being in need of support with behaviours that may present difficulties for others or may be harmful to themselves.

The day centre is a spacious single storey building containing a large group room with access to a training kitchen and a dining room. There is a computer room, yoga, multi-sensory, activity and craft rooms. An office, a resource room and a staff group room are situated in one of the units. The main part of the building is accessible throughout for those with special mobility needs, although access to unit three from the other units involves going outside.

The accommodation is designed to enable easy movement for people who have a visual impairment making good use of colour and texture contrasts in décor and furnishings, tactile information and specialist lighting.

Transport is provided by Sense NI for people who live in outlying areas. Staff from Sense are escorts on transport to ensure the safety of service users during the journey to and from the centre. Some service users come to Meadowbank by taxi. Meadowbank has its own vehicles, to facilitate access to social, educational and community facilities.

Summary of Inspection

9:30am–5:30pm=8 hours

A primary unannounced care inspection was undertaken in Sense on 15 January 2015.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007. Post inspection the provider submitted a self-assessment of the one standard and two themes inspected, this report compares the providers' statements with the findings of the inspection. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents recording; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

An inspector spoke with five staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding responding to behaviours which may challenge in the context of respecting service user's human rights and have attended training on Human Rights. Staff stated they are aware of the process to follow should a service user or their representative request to see their care file. Communication between management and staff is effective and no concerns were raised. Discussions with staff conclude the deputy manager is in charge/responsible for the centre in the absence of the manager. It was evident via discussions with staff of their dedication, commitment and enjoyment of their work in the centre.

Five questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to NISCC registration; formal supervision, annual appraisal, staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member's praised the quality of care provided within the returned questionnaires and the following qualitative comments were made:

- *“Very good due to the commitment towards the individuals in our care although we continue to strive towards improvement.”*
- *“I feel we provide a really good day service programme and our quality of care is excellent.”*
- *“The quality of care is very high and standards of training and care are maintained regularly.”*
- *“Really good.”*
- *“First class people are treated like individuals taking their needs and putting them first.”*

One staff member recorded in his/her staff questionnaire he/she felt there is insufficient care staff for activities in the community as they feel 1:1 staffing would be preferred. This information was shared with the manager of Sense.

The review of three staff files showed evidence of formal supervision taking place in accordance with minimum standard 22.2 for care staff.

The inspector spoke with a total of seven service users regarding the standard inspected; the two themes and their views on the quality of day care provision. The service users communicated positive feedback regarding attending the centre, the activities they participate in and the care provided by the staff. Due to the various levels of understanding and communication of several service users the inspector was unable to ascertain if they understood their rights to access their personal care information held in Sense. Most of the service users meeting with the inspector stated they are aware there are records kept in the day care setting about them and that they can access the information by asking staff. These service users confirmed they see their care plan on a regular basis and at their review. They said they are encouraged to be involved in all aspects of the care planning process. The service users are aware of who the manager is and if they had a problem or wanted to discuss something about the day care setting they said they could talk to the staff or manager in the centre. Service users stated they enjoy coming to the centre and the following comments were made:

- *“I love coming here, I have friends and I enjoy the activities... I know about my care plan and can ask staff if I need to know what is in my file.”*

- *“I like it here and my favourite activity is cooking.”*
- *“I’m very happy in Sense, I love it and like swimming the best”.*
- *“I enjoy coming to the centre, if I didn’t I wouldn’t come. I really enjoys the motorbike sessions. I know that I can see my file but I don’t want or need to. We talk about my care plan at reviews.”*
- *“I’m happy in the centre, we got our new bus, I love it and my mum and dad sat in it. I’m aware of my care plan, but haven’t asked to see it but I know how to if I change my mind. Sometimes people have bad days but because they’ve no speech they can’t talk about what is wrong. If it gets noisy in the kitchen, I ask to leave the room and I go to a quiet area.”*
- *“I’m very happy here and love going to the gym. I enjoy the activities and especially music. I knows about my care plan & that the staff will get me a talking tape about it if I need it.”*

No concerns were raised.

The previous announced inspection on 14 December 2013 had resulted in no requirements or recommendations.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user’s situation, actions taken by staff and reports made to others.

The six criteria within this standard were reviewed during this inspection. Based on the evidence reviewed by the inspector, four of the six criteria were assessed as compliant by the inspector. Criteria 7.4 and 7.7 were assessed as substantially compliant and two recommendations were made in the quality improvement plan regarding assessments, care plans and raising awareness training for staff. Overall the inspector assesses standard 7 as substantially compliant.

Discussions with seven service users, five staff and review of three service users’ individual files provided evidence that the centre is performing well regarding standard 7. The care files were comprehensive in content and person centred. Each contained a service user consent form to photographs, publicity etc. Clear examples were provided of how staff encourage and assist service users to get the most from their day care experience. It was also clear this service was improving outcomes for the service users and their carers by providing respite and identifying changes in need and promoting any additional services that can improve outcomes for service users. The inspector concluded the centre promotes service users social needs, stimulates intellectual activity and promotes independence.

Several areas for improvement were identified by the inspector, these concern the reviewing and dating of assessments, review of an identified care plan so it accurately reflects the service user’s current needs; completion of the care information review template at the beginning of each service user’s care file and awareness raising training in the area of Sense’s Data Protection Policy; Guidance on Protecting Personal Data; Protecting Sense and Information on Handling Guidance with Staff and the process of how service users request access to their personal information.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

Two criterion from regulation 14 were inspected in relation to the use of any restrictive practices in this day care setting within the context of human rights. Both criteria were assessed as compliant.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. These are based on Sense's robust policies and procedures which are systematically reviewed and updated. There have been no recorded incidents of restrictive practices being used with service users since the previous inspection.

Sense's Positive Behaviour Support policy is shared with staff at induction and includes information on the use of restraint, restrictions and seclusion. All new staff as part of their induction attend a positive interactions course / behaviour training. Staff also attend Managing Actual or Potential Aggression (MAPA) training on a yearly basis. Training in this area is current for all staff. Training in the Mental Capacity Act is also given to staff as an e-learning package.

Discussions with staff validate management and staff member's knowledge about when and why restraint is used including their understanding of exceptional circumstances. Staff working in the centre are aware of the exceptional circumstances when restraint or seclusion should be used. Staff appeared unsure of the Deprivation of Liberty Safeguards (DOLS) and how these are linked into Human Rights legislation and subsequently integrated into daily practice with service users. Review of five completed staff RQIA questionnaires also validated this. This was discussed with the manager and deputy manager and a recommendation is therefore made in the appended quality improvement plan. This should include an overview of the organisation's Mental Capacity and Decision Making Procedure.

Staff stated they know the service user's well and are familiar with their needs. Examples were relayed to the inspector of difficult and challenging situations that have occurred in the centre which required sensitive and diplomatic handling whilst ensuring service user's were respected and their rights adhered to. Staff use effective communication, diversion and calming techniques when the need arises and respond appropriately to service user's needs. Staff believe this assists them in ensuring service users behaviour does not escalate and they meet individual and group needs.

Based on the evidence reviewed during this inspection, the inspector assessed the centre as compliant in this theme. Two recommendations were made concerning this theme which concern the review of an identified service user's care plan which includes behaviour support guidance and training for staff regarding an overview of Human Rights legislation; Sense's Mental Capacity and Decision Making Procedure and the Deprivation of Liberty Safeguards and how these are integrated into care practices and records in the centre.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected in relation to this theme. All three criteria were assessed as compliant, this is commendable. One recommendation is made regarding this theme and regards the registered person ensuring

monthly monitoring visits are consistently completed in Sense. If the designated individual is unable to undertake this, arrangements must be in place for other designated individuals to complete these.

Review of selected management records, monthly monitoring reports and discussions with the manager and five staff provided evidence that the centre has in place monitoring arrangements and effective communication systems. These enhance and promote the quality of day care experience for the service user, their relatives/representatives and the public and is indicative of the care provision in this centre.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined three service users individual files and validated the manager's post inspection questionnaire.

A tour of the environment generated one recommendation with regards to replacing the identified toilet seat and give consideration to replacing this with a contrasting colour which may be beneficial for partially sighted service users. Positive comments were shared with the manager about the colourful art work completed by service users, photographs and information displayed on walls around the centre.

A sample of Sense's policies and procedures relating to the inspector's review of standard 7, theme 1 and 2 were examined. A recommendation is made in the quality improvement plan for the registered person to ensure Sense's Accident and Incidents Procedure and Guidance is reviewed to include the need to report to RQIA under Regulation 29 of the respective legislation and Sense's Health and Safety Policy and Arrangements are reviewed to include reference to the Northern Ireland legislation e.g. Health and Safety at Work (Northern Ireland) Order 1978 and amended order 1988.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre that presents as in tune with the needs of the service users for support, stimulation and which meets their rehabilitation, social and other needs.

As a result of the inspection seven recommendations have been made in the quality improvement plan. These concern assessments, care plans, monthly monitoring visits; staff training; policies and procedures and the environment. Progress in these areas will be monitored via completion of the returned quality improvement plan.

Standard 7 - Individual service user records and reporting arrangements:

Records are kept on each service user's situation, actions taken by staff and reports made to others.

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.</p>	
Provider's Self-Assessment:	
<p>Policy on Handling Information, including confidential information, is addressed at induction and reviewed with staff on a regular basis through supervisions and team meetings.</p> <p>Confidential information is locked away and access to this is on a need to know basis.</p> <p>Care plans - Users are made aware that we have confidential information in these files (this is dependent on cognitive ability). Some users have been able to determine who they are willing to share this information with.</p> <p>Information is made available if requested and a record of this will be made</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>A sample of the records in respect of each service user, as described in Schedule 4; and those detailed in Schedule 5 are in place in Sense. Discussions with staff conclude there are effective arrangements in place regarding confidentiality and all relevant policies and procedures pertaining to the access to records, storage of service user's information; communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are in place and readily available for example 'Accessing your personal information', 'Subject Access Request Form' etc. This information is reflective of current national, regional and locally agreed protocols concerning confidentiality and adheres to DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation.</p> <p>The centre's current service user agreement is also compliant with this criterion. Discussions with staff validate they are knowledgeable about the duty of confidentiality and their role and responsibility regarding the need to record and the management of service users personal information. However the inspector recommends training is provided for staff on the process of a service user or their representative requesting access to their personal care file which should</p>	Compliant

<p>include further awareness raising of confidentiality and Data Protection. A recommendation is made in the quality improvement plan regarding this.</p>	
<p>Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment: Records are made available to users, or others with their consent if appropriate. Information in care plans is shared during care review meetings as required. Information will be made available in the users preferred format if required. A record of requests for access to records are kept for each user to include date requested, requested by, record requested, user aware of request, request granted, by who and date. To date no requests for this type of information have been recorded.</p>	Compliant
<p>Inspection Findings: Policies and procedures are in place and accessible in the centre pertaining to: the access to records; consent; management of records and service user’s agreement. Discussions with the manager and staff validated a person centred approach is used in their recording. Due to the varying needs and abilities of service users attending Sense, staff said most service users understand and are aware they have a care file and that they have the right to ask to see this. The service users’ the inspector met with stated they would inform their manager if they wanted access to their care file. Staff appeared unsure about the specific process after this and as such a recommendation is made in the quality improvement plan for the manager to provide awareness training of the full process of a service user or their representative requesting access to their care information. The recommendation also includes the delivery of refresher training to staff on Sense’s Data Protection Policy; Guidance on Protecting Personal Data and Protecting Sense and Information on Handling Guidance with Staff. Discussions with service users able to communicate with the inspector confirmed they are aware that care records are kept on each of them and they were aware they could ask to see their record. The manager informed the inspector there have been no requests to date of a service user or their representative seeking access to their care</p>	COMPLIANCE LEVEL Compliant

<p>documentation.</p> <p>There are adequate arrangements in place regarding who takes responsibility for issues and queries of freedom of information, confidentiality, consent and access to records and arrangements.</p>	
<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Records relating to the above are maintained in the centre in relation to the users - care plans, behaviour support plans as required, aims/outcomes of activities, regular programmes, risk assessments, review documents, accidents, incidents, daily logs, monthly summaries, contact information in relation to carers or other health professionals.</p> <p>Medication not in use at the centre.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector examined three service users care files. Comprehensive assessments had been completed on each service user, however two of these need to be reviewed and updated as they were either not been dated or there was</p>	<p>Substantially compliant</p>

<p>no evidence they had been reviewed in the last year. The manager said these documents would have been reviewed at the service user's annual review but accepts there was no evidence of this. A recommendation is made in the quality improvement plan about reviewing the identified assessments and that these are signed by all relevant parties.</p> <p>The care plans were comprehensive in content and fully reflected how Sense meet the service users' assessed needs and areas they wish to further develop with staff support. Positive comments were shared with the manager about this. One identified service user's care plan needs to be reviewed and updated as this had not been dated by the staff member completing it. A recommendation is made in the quality improvement plan about this.</p> <p>An identified service user's care plan contained draft 'Behavioural Support Guidelines,' these were dated 8 June 2013 (received by the day centre in July 2014). A discussion took place with the manager as they must be ratified, reviewed, dated and signed by all necessary individuals. A recommendation is made in the quality improvement plan about this.</p> <p>Service user's care notes were current, person centred; incorporated service user views and recorded information that can be used to review individual service user's outcomes. Annual care reviews of service users' day care placements were taking place as described in standard 15, the review preparation forms were person centred, qualitative and user friendly. The manager expressed concern regarding the outstanding annual care review of one identified service user due to staffing shortages in the respective Trust's social work team, the inspector offered guidance in relation to this.</p> <p>All other records reviewed by the inspector were compliant with regard to this criterion and Appendix 1.</p>	
<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Recordable events would be recorded on users individual daily logs. This information is transferred to the monthly summaries for each user</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined three service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user. The quality of information recorded was viewed by the inspector as relevant to the plan and outcomes being worked in with individual service users.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Senior staff have the responsibility for reporting matters and/or referrals to users representatives, referral agent or other health and social care professionals. This information/reporting will be recorded.</p> <p>Other staff are aware of what they need to report to senior staff through policies/protocols and procedures relating to Health and Wellbeing, Accidents/Incidents, Safeguarding, Behaviour Support.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The service user’s files detail referrals made to other services and described their involvement in the decision if they want other professionals to be involved in their care plan.</p> <p>The inspector’s discussions with five staff generated positive feedback regarding the management of records; reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding the referral process and responding to service user’s needs and behaviours. Staff felt communication between management and themselves is effective and no concerns were raised. When the manager is absent from the centre the deputy manager is the responsible person in charge and in her absence the most experienced staff member assumes responsibility, however staff informed the inspector they very much work as a team. The manager’s line manager is contactable by mobile phone when the manager is absent from the centre.</p> <p>The inspector confirmed Sense policies and procedures are in place and available with regards to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.</p>	<p>Compliant</p>
<p>Criterion Assessed:</p>	

<p>7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment:</p>	
<p>Staff are made aware of the importance of records at induction and this information is reviewed with them through team meetings and supervisions. This is an area that is addressed regularly with staff to encourage them to provide a good quality of record. Staff are required to sign and date the information that they provide.</p> <p>The manager will review and sign off monthly summaries, accident forms, behaviour support forms on a regular basis - usually once a month.</p> <p>The manager will also sign off assessment, review documentation and care plan information as and when required.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined a sample of three service user’s assessments and care plans which reflected several were either not dated or signed by the staff member completing them. Refer to the inspection findings of criterion 7.4 for details. A recommendation is made in the quality improvement plan about this</p> <p>Consultation with five staff working in the centre confirmed their understanding of this criterion and their role and responsibilities to address this fully when recording in individual files and additional records.</p> <p>RQIA received five completed staff questionnaires which confirmed policies and procedures are in place and available in the centre.</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
<p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	
Provider’s Self-Assessment:	
<p>Planned restraint is not used in this service.</p> <p>Staff receive information on restraint during induction and this is revisited during behaviour support training - positive interactions and MAPA - and through team meetings.</p> <p>Behaviour Support Policy and guidance in place - information and guidance regarding restraint is included in the policy. Safeguarding policy also in place. Staff are referred to both policies during induction and on an ongoing basis through team meetings and supervisions. Policies are readily available on Sense's intranet and on file in the office.</p> <p>Staff will also complete either face to face or elearning training on the Mental Capacity Act which includes information on Best Interests and Deprivation of Liberty Safeguards.</p> <p>Behaviour support plans are reviewed annually or sooner if there are changing needs. All behaviour that has required management from staff is recorded.</p> <p>Staff are aware that in an emergency they can restrain as a last resort but that the minimum amount of force should be used for the least amount of time as per legislation and guidance. (Guidance on restraint and seclusion in HPSS: August 2005)</p> <p>If staff have used restraint in an emergency, processes are in place to review the incident with support from senior managers/behaviour support specialists and others as needed. The review includes the staff involved and if</p>	<p>Compliant</p>

<p>appropriate the user.</p> <p>Procedures are in place to inform the person who acts on the users behalf, their social care team and RQIA.</p> <p>There have been no incidents of restraint in the service since last inspection.</p>	
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector concurs with the information contained in the provider’s self-assessment above and evidence was provided to validate this.</p> <p>Sense’s Positive Behaviour Support policy is addressed with staff at induction and includes information on the use of restraint, restrictions and seclusion. All new staff as part of their induction attend behaviour training known as the positive interactions course. Staff also attend Managing Actual or Potential Aggression (MAPA) training on a yearly basis. Training in this area is current for all staff. Training in the Mental Capacity Act is also given to staff as an e-learning package. The manager informed the inspector staff are due to attend refresher Safeguarding Vulnerable Adult training on 21 January 2015.</p> <p>Service user’s behaviour is discussed at the point of referral to Sense. Where this is an issue the user is referred to Sense’s behaviour support team. All users whose behaviour may need to be managed by staff will have a Behaviour Support Plan in place. All incidents of behaviour are recorded by staff and signed off by the manager. These are also discussed with the Behaviour Support Advisor during their regular visits.</p> <p>The inspector examined a selection of records including a sample of three individual service user records which revealed staff have comprehensive plans in place that clearly describe the day care service user’s receive, their likes and dislikes. Since the previous inspection a new system is in place for managers in consultation with a behaviour support advisor; to devise behavioural support plans. One identified service user’s care file contained draft ‘Behavioural Support Guidelines’ and was dated 8 June 2013, these had been received by the centre in July 2014. A recommendation is made in the appended quality improvement plan for these guidelines to be ratified, reviewed, dated and signed by all necessary individuals.</p> <p>Care is focused on meeting individual need, clear communication strategies, diversion, distraction and calming techniques. Service user information is written in the context of staff being able to facilitate positive outcomes in day care and avoid any negative experiences. There is a clear focus on identifying and understanding if service users are not happy; how to manage this sensitively and proactively. Overall the approaches referred to present as sound plans</p>	<p>Compliant</p>

to avoid escalation of behaviour or concerns whilst respecting each individual service user’s methods of communicating, their views, choices and needs.

Consultation with staff revealed their knowledge, skill and competence concerning this which is commensurate with their role and responsibilities.

Staff access policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which provide guidance for staff.

The organisation is to be commended on the quality of user friendly information regarding this theme. Sense has an ‘Assessment of Best Interest’ form which is used after an assessment of capacity has taken place and contains information on the factors to consider if physical intervention is required and asks what the least restrictive option is in keeping with the individual service user’s best interests. Sense’s Mental Capacity and Decision Making Procedure dated September 2014 contains a section on empowering individuals to make decisions and states: “where restrictions are applied to a service user, all staff must demonstrate that the least restrictive option is used in consideration of the person’s best interests. Staff will have to consider how the restriction may impact on others in the environment.”

Sense’s Policy, Standards and Compliance Team (PSCT) are responsible for monitoring any deprivation of liberty notifications and significant restrictions. Data reports are subsequently produced for the organisation’s Group Management Team.

Discussions with staff validate management and staff member’s knowledge about when and why restraint is used including their understanding of exceptional circumstances. Staff working in the centre are aware of the exceptional circumstances when restraint or seclusion should be used. Staff appeared unsure of the Deprivation of Liberty Safeguards (DOLS) and how these are linked into Human Rights legislation and subsequently integrated into daily practice with service users. Review of five completed staff RQIA questionnaires also validated this. This was discussed with the manager and deputy manager and a recommendation is therefore made in the appended quality improvement plan. This should include an overview of the organisation’s Mental Capacity and Decision Making Procedure. The manager informed the inspector DoLS were discussed briefly during the organisation’s Diversity training and explained training on this is due to be delivered to staff in the near future by the Sense organisation.

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>The behaviour support form is used to record any incidents of physical intervention or restraint.</p> <p>Procedures are in place to ensure that any incidents involving restraint are reviewed with the staff involved and if appropriate with the person involved. Additional information around the incident would be gathered and senior managers and the behaviour support team contacted for advice. If deemed necessary additional guidance in this area relating to a specific user would be shared with the staff team and the behaviour support plan would be updated and additional training provided if needed.</p> <p>The users carer, care management team and RQIA would be informed as part of this process.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Refer to the inspection findings above for information. Staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the centre’s ethos, statement of purpose and aims of the service. Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available.</p> <p>A selection of records in respect of each service user as described in schedule 4 and other records to be kept in a day care setting as per schedule 5 were reviewed by the inspector during this inspection. These are being maintained in accordance with legislation and minimum standards.</p>	<p>Compliant</p>

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

<p align="center">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p style="padding-left: 40px;">(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p> <p>The staff rota reflects the numbers of staff in the service on any given day. Due to the complex nature of the users there is a high staffing ratio. The manager and deputy manager are additional to those staff who would normally be expected to provide direct support to users and will provide support to users when required.</p> <p>All staff have appropriate induction training before coming into the service and ongoing training including mandatory training is provided.</p> <p>Staff have 6 month probationary period to ensure they gain the skills and experience needed for this role.</p> <p>Staff are offered the opportunity to enrol for a qualification in Health and Social Care following probationary if they do not have this already.</p>	<p align="center">Compliant</p>

<p>Staff are supported through individual supervisions and team meetings. Staff have annual appraisal meetings (My Performance Plan.)</p> <p>There is a clear management structure within the centre - manager, deputy manager, activity coordinator, support worker and day service assistants. Staff are aware of their own roles/responsibilities within the centre and those of others.</p> <p>Senior staff are given additional training in relation to their role to ensure that they have the knowledge needed to take charge in the absence of the registered manager.</p>	
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Sense’s current manager has been working in Sense for ten years and has been registered with the Northern Ireland Social Care Council (NISCC) from 2012. It is intended the manager will hopefully complete the QCF Level 5 Award later this year. Once this qualification has been obtained, the manager will complete an RQIA registered manager application and submit this to the registration team.</p> <p>The centre’s current statement of purpose states the numbers and grades of staff employed in the centre. The previous part time administration officer has left and plans are in place for this post to be filled on a part time basis. In the manager’s recent absence from the centre, delegation of tasks to the deputy manager was evidenced and clearly recorded in supervision records. The staffing compliment for the setting is appropriate in meeting the needs of the current service user group. Five completed staff questionnaires were received by RQIA and four staff stated they felt there were sufficient staff employed in the centre. One staff member stated one to one staff for outings and activities in the community would be beneficial and that management were involved in considerable administrative work. This information was shared with the manager.</p> <p>The manager has provided evidence of her NISCC registration and provided evidence of how she ensures her team are kept informed regarding key issues for this service user group such as empowering service users, improving outcomes, person centred practice, understanding how to protect service user’s rights in the day care setting.</p> <p>Discussions with five staff during this inspection validate their knowledge is commensurate with their roles and responsibilities regarding management arrangements of the day care setting. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of same. Staff are aware of their role and responsibilities to ensure management and control of operations tasks in the day care setting are competently completed, they also have contact mobile phone numbers of their manager and her line manager should the need</p>	<p>Compliant</p>

arise.

Regulation 28/monthly monitoring reports of Sense were randomly reviewed by the inspector, these were qualitative and the information compliant with legislation. The monthly monitoring reports for the months of July and December 2014 were not in place. A discussion took place about regulation 28 and that monitoring visits must occur every month and a requirement is made in the quality improvement plan for the registered person to ensure monthly monitoring visits are consistently completed in Sense. If the designated individual is unable to undertake this, arrangements must be in place for other designated individuals to assume these.

Team meetings occur on a regular basis and key staff meet every morning to discuss the days programmes and activities and who is responsible for same. The minutes of these were randomly sampled by the inspector and were qualitative in content. The most recent team meeting took place at the end of November 2014. Positive comments were made by the inspector with regards to the 'practice sharing' element at each meeting. Sense's Safeguarding procedure had been circulated to staff at the June meeting and restraint was discussed during the September 2014 team meeting.

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>A senior member of staff is in the centre at all times to oversee the day to day running of the service i.e. the manager/deputy manager/activity coordinator or a manager from another Sense service.</p> <p>All staff are given regular supervisions in relation to their role.</p>	Compliant
Inspection Findings:	
<p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements. These are available for staff reference and reflect day to day practice.</p> <p>Discussions with five care staff members concluded they receive regular informal and formal recorded supervision. The inspector's review of one staff file showed gaps in formal supervision records with written 'contact meeting' discussions having taken place in between. The manager explained the identified staff member receives supervision from Sense and from an individual external to Sense because of the individual's qualifications, job title and duties. Two of the three staff files reviewed by the inspector validated formal recorded supervision is taking place in accordance with standard 22.2.</p> <p>Due to staffing arrangements across the Sense day care and nearby residential services, approximately twenty staff from the residential home undertake shifts in the day centre. A discussion took place with the manager about the formal supervision of these staff members when they are working in the centre with service users and how this is monitored by management. The manager said she is in the process of ensuring an effective system is in place to ensure formal supervision occurs. The inspector advised the manager for the purposes of inspection and for ease of reference, a recording system should be devised which residential staff sign when they work in the centre. It is then management's responsibility to subsequently calculate when formal supervision is needed for these individuals in accordance with standard 22.2. The manager gave assurances residential staff working in the centre would continue to receive formal supervision and a system would be devised to reflect this.</p>	Compliant

<p>A sample of three staff files were reviewed and confirmed staff have participated in the Sense’s annual performance appraisal process (known as a Performance Development Plan).</p>	
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>All staff are given a 5 day induction to ensure that they have the training and skills necessary to support the users of this service. In addition to mandatory training, staff receive additional training specific to the user group and training in areas relating to person centred thinking and communication.</p> <p>Current qualifications held by staff - Manager NVQ4 in Health and Social Care working towards Level 5 Diploma in Health and Social Care Deputy Manager NVQ4 in Health and Social Care Activity Coordinator - Level 3 Diploma in Health and Social Care 1 staff with NVQ3 in Health and Social Care 1 staff with NVQ2 in Health and Social Care, Level 3 Award in Health and Social Care 1 staff with Level 2 Diploma in Health and Social Care 3 staff with NVQ2 in Health and Social Care 1 staff currently enrolled in Level 2 Diploma in Health and Social Care 1 staff currently enrolled in Level2 Award in Health and Social Care</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector concurs with the information contained in the provider’s self-assessment above. Review of three staff files show that staff are experienced and appropriately qualified for their roles and responsibilities. There are no concerns regarding this criterion.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection and did not reveal any concerns.

Compliments

Positive comments were shared with management regarding the many compliments recorded about the quality of care provision in Sense.

Incidents/Accidents

The inspector randomly sampled Sense's accident and incident records. These meet minimum standards. The manager retains a copy of each accident/incident record in the respective service user's section in one folder. A monthly summary of all accidents/incidents is retained at the front of this file. These monthly summaries were completed up until October 2014. The manager informed the inspector there were no accidents or incidents in November 2014, one in December 2014 and none since.

For the purposes of RQIA inspections which include the review of the service's accident and incident records the inspector suggested to the manager these are much easier to review when they are retained in chronological date order as opposed to reading each individual service user's sections. It is recognised a copy of the accident / incident or cross references to these are appropriately recorded and retained in each service user's care file.

Discussions with Staff

The inspector met with five staff individually and discussions focused on standard 7 and the two themes of this inspection and their feedback is detailed in the inspection findings. All staff stated they enjoy their work in Sense, teamwork is good and communication is effective in the centre.

Two staff members expressed some concerns with the inspector, one is regarding a staff member advocating for a service user with no speech and the other individual expressed concern about the increasing paperwork for staff and the lack of time to undertake this. These concerns were shared with the manager at the end of this inspection who said she would respond to both staff members concerns.

Registered Manager Questionnaire

The manager submitted a questionnaire to RQIA following this inspection. The information provided confirmed that satisfactory arrangements are in place regarding governance and management, recruitment and induction of care staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was verified during the inspection visit, from written records and from discussions with the manager and staff members.

Policies and Procedures

Sense's policies and procedures relating to standard 7 and the two themes were reviewed by the inspector as part of the inspection process. Sense's Accident and Incidents Procedure and Guidance needs to be reviewed by the organisation so that it includes the need to report to RQIA under Regulation 29. Sense's Health and Safety Policy and Arrangements also needs reviewed to includes Northern Ireland legislation e.g. Health and Safety at Work (Northern

Ireland) Order 1978 and amended order 1988. A recommendation is made in the quality improvement plan for the registered person to review the identified policies and procedures.

Environment

On a tour of the premises, the areas used by service users were found to be warm, well ventilated and in good decorative order. Service users presented as being at ease in the environment of the adult centre and could access facilities which they needed.

Positive comments were shared with staff regarding the colourful art work and photographs displayed on walls around the centre. It is obvious the staff and service users take a pride in the centre. A donation of new chairs had been received and these are used in the 'music' room and another room in the centre. A new sensory tent is in place in the snoozeleen room for relaxation for service users, staff said there are a number of service users who particularly enjoy this.

One recommendation is made in the quality improvement plan about an identified toilet seat as the paint has worn off in an area, in the interests of infection prevention and control, the identified toilet seat must be replaced. Consideration should be given to replacing it with an appropriate colour contrasting seat for visually impaired individuals.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Kathryn Robinson, Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Louise McCabe
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

SENSE

15 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Kathryn Robinson (manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	4.3	<p><u>Assessments</u></p> <p>The manager must ensure:</p> <ul style="list-style-type: none"> (a) the two identified service user assessments are dated; (b) all completed service user assessments are reviewed as necessary, dated, signed by the member of staff responsible for it's review and the manager (standard 7 refers). 	Once	<p>(a) This has been completed - 10/02/15 and 16/02/15</p> <p>(b) This is ongoing.</p>	By 28 February 2015 and on-going
2	5.3	<p><u>Care Plans</u></p> <p>The manager must ensure:</p> <ul style="list-style-type: none"> (a) the identified service user's care plan is reviewed and updated; (b) ensure the summary template at the front of service user's care files regarding staff reviews of service user's care plans is completed (standard 7 refers). 	Once	<p>(a) This has been completed - 10/02/15</p> <p>(b) Completed for identified service user on 10/02/15 and is ongoing for other services users.</p>	Immediate and on-going By 28 February 2015 and on-going

3	6.5	<p><u>Behavioural Support Guidelines</u></p> <p>The identified service user's draft 'Behavioural Support Guidelines' dated 8 June 2013 (received by the day centre in July 2014) are ratified, reviewed, dated and signed by all necessary individuals (Theme 1 refers).</p>	Once	This has been completed - 26 February 2015	By 28 February 2015
4	21	<p><u>Staff Training</u></p> <p>The manager should ensure all staff receive awareness training and information on:</p> <ul style="list-style-type: none"> • Sense's Data Protection Policy; • Guidance on Protecting Personal Data; • Protecting Sense and Information on Handling Guidance with Staff; • Process of how service users request access to their personal information; • An overview of Human Rights legislation; • Sense's Mental Capacity and Decision Making Procedure and the Deprivation of Liberty Safeguards and how these are integrated into practice (Theme 1 refers). 	Once	Training on the following subjects will be repeated/refreshed with all staff during team meetings by this date. Data protection procedures are currently under review and staff will be required to confirm understanding in writing.	By 15 April 2015 for all

5	18	<p><u>Policies and Procedures</u></p> <p>The registered person must ensure:</p> <p>(a) Sense's Accident and Incidents Procedure and Guidance is reviewed to include the need to report to RQIA under Regulation 29 of the respective legislation;</p> <p>(b) Sense's Health and Safety Policy and Arrangements is reviewed to include reference to the Northern Ireland legislation e.g. Health and Safety at Work (Northern Ireland) Order 1978 and amended order 1988 (additional information section refers).</p>	Once	Head of Health and Safety and Policy Standards and Compliance team have been informed of this recommendation (29/01/15) and the associated time scale for completion.	By 15 July 2015
6	17.10	<p><u>Monthly Monitoring Visits</u></p> <p>The registered person must ensure monthly monitoring visits are consistently completed in Sense. If the designated individual is unable to undertake this, arrangements must be in place for other designated individuals to undertake these (Theme 2 refers).</p>	Once	The registered person was absent due to sick leave. Arrangements for another designated individual to undertake monthly monitoring visits in the absence of the registered person are now in place.	Immediate & Ongoing

7	25.1	<p><u>Environment</u></p> <p>In the interests of infection control, the identified toilet seat must be replaced. Consideration should be given to replacing it with an appropriate colour contrasting seat for visually impaired individuals (additional information section refers).</p>	Once	<p>Toilet seat has been replaced - 16/01/15. Multi Sensory Impairment practice advisors have been contacted in relation to colour contrast - have advised that red or blue contrast is not required.</p>	By 30 January 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Kathryn Robinson
Name of Responsible Person / Identified Responsible Person Approving Qip	Colette Gray

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Louise McCabe	18 March 2015
Further information requested from provider			