

**Unannounced Care Inspection
of
Pavestone Centre**

24 February 2016

1. Summary of Inspection

An unannounced care inspection took place on 24 February 2016 from 10.00 to 16.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	5

The details of the QIP within this report were discussed with Ms Rhoda Baxter, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	Registered Manager: Ms Rhoda Baxter
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Rhoda Baxter	Date Manager Registered: 29 January 2014
Number of Service Users Accommodated on Day of Inspection: 42	Number of Registered Places: 60

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes were used in this inspection. Prior to the inspection, the following records were examined:

- The registration status of the service
- Written and verbal communication received since the previous care inspection
- The returned quality improvement plan (QIP) and it's report from the care inspection undertaken in the previous inspection year.

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

The following records were examined during the inspection:

- Four complaints
- One compliment
- Five accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Five service users care files
- Service users annual quality assurance survey
- Three monthly monitoring reports.

Following the inspection four staff questionnaires and five service user questionnaires were received and analysed by us.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an announced care inspection dated 26 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(2)(b) 26(2)(i)	The registered persons must: <ul style="list-style-type: none"> (a) remove the identified condemned portacabin in the garden of Pavestone Centre as soon as possible. (b) remove the existing portacabin situated at the side of Pavestone Centre which is used to store supplies and equipment. (c) A suitable storage replacement must be provided. 	Met
	Action taken as confirmed during the inspection: The identified portacabins have been removed from the centre. A local business donated a storage container to Pavestone Centre and this is currently being used. The registered manager said the exterior of the storage container needs painting and this will hopefully be completed as a service user project over the spring and summer.	
Requirement 2 Ref: Regulation 14(1)(a) and (c) 26(2)(a) and (j)	<u>Shower Room</u> The registered persons must: <ul style="list-style-type: none"> (a) review the flooring in the accessible shower room with toilet. (b) as a result of this review, provide RQIA by 30 June 2015 with a programme of action with reasonable timescales to address any identified issues. 	Met
	Action taken as confirmed during the inspection: A review of the shower room was undertaken by the Trust's Estates Department and, as a result, the flooring was replaced.	

<p>Requirement 3</p> <p>Ref: Regulation 24(3) and (4)</p>	<p><u>Complaints Record</u></p> <p>With regards to the identified complaint made, the registered person/s must ensure Pavestone Centre's complaints record contains a summary of the area/s of dissatisfaction, concern or complaints made by the complainants, a summary of the investigation, the action taken; the outcome/s of the investigation and whether or not the complainants are satisfied with these.</p> <p>Action taken as confirmed during the inspection:</p> <p>On the day of this inspection (24 February 2016), the identified complaint record from August 2014 did not contain all of the above information. The registered manager explained the Trust's investigation into the issues raised by the complainant was protracted. A Director in the Trust sent a letter to the complainants regarding the outcome/s of the Trust's investigation. Confirmation was obtained by email on 09 March 2016 from the registered manager stating Pavestone Centre's complaints record has now been updated to reflect the information stated in this requirement. The complainants were advised by the Trust's Complaints Department that if they remain unhappy with the response to their complaint, they should contact the Complaints' Department. The complainants have not contacted the Trust's Complaints Department since receiving this letter. However, the registered manager informed RQIA funding for a staff member to support the service user continues to remain an issue. There have been several multi-disciplinary meetings in attempts to move forward in providing a safe day service for the individual. The registered manager informed RQIA the complainants remain dissatisfied regarding this specific complaint.</p>	<p>Met</p>
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Previous Inspection Recommendations	Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 25.5</p>	<p><u>Improved Disabled Access</u></p> <p>The registered persons must undertake:</p> <ul style="list-style-type: none"> (a) a review of the current disabled access and egress to Pavestone Centre for service users who use wheelchairs or other mobility aids. (b) as a result of this review, provide RQIA by 30 May 2015 with a programme of action with reasonable timescales to address any identified issues.

	<p>Action taken as confirmed during the inspection: A review of Pavestone Centre's disabled access occurred in June 2015. Automatic entrance/exit doors were fitted and the areas around the periphery of the centre leading to and from Pavestone were made wheelchair user friendly.</p>	Met
<p>Recommendation 2 Ref: Standard 15.4 & 15.5</p>	<p><u>Service User Annual Review Preparation Form</u> The registered manager must ensure a written review report is prepared by staff in consultation with the service user prior to their annual review. The review report must address the areas stated in minimum standard 15.5.</p> <p>Action taken as confirmed during the inspection: A written review report has been devised. RQIA reviewed five service user's care files during this inspection; three of these contained an annual review report which met standard 15.5, two care files did not. The registered manager gave assurances all service users have had an annual review in the previous year and will meet with care staff to ensure annual review preparation forms are completed with service users and retained in their care file. This recommendation is restated as all service user's care files should contain annual review reports.</p>	Partially Met
<p>Recommendation 3 Ref: Standard 21.1</p>	<p><u>Orientation & Induction Documentation</u> The registered manager must ensure the orientation and induction documentation for new staff is completed, dated and signed on a timely basis by the new staff member and the supervisor.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed orientation and induction documentation is completed and signed in a timely manner. This is also discussed during formal supervision with staff.</p>	Met
<p>Recommendation 4 Ref: Standard 3</p>	<p><u>Service User Agreement</u> With regard to the identified complaint, the registered person/s are advised to review the identified service user's individual written agreement /contract. This process should involve an up to date assessment of the service user's needs, confirms the day service is suitable and appropriate to his/her needs and sets out:</p> <ul style="list-style-type: none"> • The care, services and facilities provided to the service user; 	

	<ul style="list-style-type: none"> • The objectives for, and expected outcomes from attendance, with, where appropriate associated time frames; • The respective rights and responsibilities of both the service user and the day service ; • Days of attendance / sessions; • The agreed transport arrangements aimed at maximising independence (standard 12); • Any fees or charges payable, and the arrangements for the payment of these; • The arrangements for reviewing the placement, assessment of need and associated care plan; • The arrangements for regularly reviewing the agreement; • The agreement is presented in a format suitable for the service user and is signed and dated by the service user or where appropriate their representative and the registered manager. • The service user or where appropriate their representative is given written notice of all changes to the agreement and these are agreed in writing by the service user. <p>Action taken as confirmed during the inspection: Discussions took place with the registered manager and the Day Care Locality Manager regarding the identified service user's written agreement. RQIA was informed this was a protracted process and concluded the service user had capacity to be involved in this process.</p> <p>Confirmation was obtained to conclude the identified service user's written agreement was updated with the individual. It is noted Pavestone Centre's registered manager and care staff are strongly advocating on behalf of the identified service user regarding his/her preferences and assessed needs and continue to liaise with the multi-disciplinary team.</p>	<p>Met</p>
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<p>Recommendation 5</p> <p>Ref: Standard 21</p>	<p><u>Training for Staff</u></p> <p>The registered persons must ensure staff receive mental health and other previously identified training areas. The returned quality improvement plan must state the action taken to provide this training with dates for same.</p> <p>Action taken as confirmed during the inspection: The following staff training was provided:</p> <ul style="list-style-type: none"> • Mental Health (specifically Suicide Awareness Techniques) on 22 June 2015 • Personality Disorder occurred on 22 June 2015 • Continence promotion discussion during a staff meeting on 27 November 2015 • Knowledge, Skills and Framework and Appraisal training on 21 September 2015. <p>The registered manager has made attempts to organise training regarding Continence Support and Epilepsy but these remain outstanding. Training in these areas will be restated in the QIP.</p>	<p>Partially Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 17.10</p>	<p><u>Monthly Monitoring Visits and Reports</u></p> <p>The designated registered persons are advised to:</p> <p>(a) meet and record the views and opinions of more than one service user during Pavestone Centre's monthly monitoring visit so that this is more representative of the total number attending.</p> <p>(b) systems should be put in place for the designated person to, where appropriate, obtain the views and opinions of service user's carers or representatives.</p> <p>Action taken as confirmed during the inspection: Three monthly monitoring reports from December 2015, January and February 2016 were reviewed during this inspection. These contained the qualitative views of three service users on each visit and a system is in place for the designated person to obtain the views and opinions of carers or representatives (with consent from the service user).</p>	<p>Met</p>

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

Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to assessment, care planning and review. Discussions with four care staff concluded they are aware of how to access policies and procedures. There are also associated guidance and information available for staff.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users able to converse concluded staff were sensitive and respectful of their needs.

Discussions with care staff confirmed they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal needs.

Observation and service users' feedback on the day of this inspection confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of those individuals who attend. There are also sufficient numbers of toilets and bathrooms. Staff have received information in continence management during a discussion in a staff meeting on 27 November 2015. Discussions with four care staff concluded they found this interesting and would like additional information from someone who has knowledge and experience in this area. This is an identified area for improvement. Discussions with care staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and received training in this area in September 2015. Staff also have a working knowledge of the Trust's infection control policy.

On the day of inspection staff were observed to be confident in carrying out their duties. These duties were carried out in an organised unhurried manner. Discussions with staff confirmed that they were able to demonstrate an understanding of individual's assessed needs.

Service users able to converse reported that they felt safe in the day centre. Staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

On the day of this inspection, it can be concluded care was safe in Pavestone Centre.

Is Care Effective?

Pavestone's statement of purpose was reviewed during this inspection. It contained qualitative information about the process of completing a service user's care plan referred to as an 'intervention plan' in the centre.

Continence protection is stored in a cupboard in the disabled bathroom for use when needed. Service users are responsible for bringing their own continence products with them when they attend Pavestone Centre. Personal protective equipment (PPE) is supplied and made available for staff in Pavestone.

The inspector sought verbal permission to inspect care records during this inspection. The care records inspected confirmed that continence care needs are discussed as part of the core assessment information completed on admission. A 'self maintenance' form is completed with the service user which includes information on their specific continence support needs. Should a service user's continence needs change, their respective assessment and care plan (intervention plan) is updated. Risks were highlighted and the management of these risks recorded.

A review of the environment confirmed a number of bathrooms were available to meet the assessed needs of the service users. Hand washing dispensers were also available throughout the centre.

Discussions with care staff also concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about personal protective equipment and where continence products are stored. Staff explained some service users need only minimal staff support with their personal care. Several service users have a preference regarding the bathroom they use.

Five service user's assessments and intervention plans were reviewed and focused on the quality of information pertaining to continence promotion and support. One identified service user's assessment was dated September 2014. The registered manager should ensure the identified assessment is updated and put in place systems for assessments to be reviewed at least yearly or when changes occur. These are areas for improvement. The assessments were dated and signed by all relevant parties.

Care plans (intervention plans) were person centred, comprehensive and reflective of the individual's needs. Completed 'self maintenance' forms regarding a service user's continence support needs reflected the following information:

- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The name and type of equipment used (e.g. hoist) and the type and size of sling needed
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

It was noted that two service user's care/intervention plans did not fully reflect the continence support the individuals needed which had been stated on their self maintenance form. References should be made on the care plan referring or signposting the reader to the self maintenance form. This is an identified area for improvement.

Standard 5.3 states care plans should be signed by the service user (where appropriate) or their representative, the staff member completing it and the registered manager. Four of the five care plans had not been signed by the registered manager. This was discussed with the

registered manager and she explained these four care plans had been signed by the occupational therapist. The registered manager was advised of standard 5.3 and that she needs to sign all service user's care plans. One identified care plan had been signed by the staff member for the service user, there was no explanation as to why the staff signed this. A discussion took place that should a service user agree with the content of their care plan but is unable to sign it or declines to sign it, a statement should be recorded explaining this.

On this occasion there was evidence to confirm that care practices concerning continence care and promotion in Pavestone Centre was effective.

Is Care Compassionate?

Staff interaction with service users was observed throughout the inspection as polite, friendly, warm and supportive. Staff discussed with the inspector the importance of meeting service users' continence care in a respectful, sensitive and dignified manner. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

During periods of observation it was noted that continence care was undertaken in a discreet private way.

Discussions took place with a total of nine service users, mostly individually and in private, though several discussions took place with two or three service users in the seating area in the corridor and around tables in the dining room over lunch time. Service users said staff were kind, patient, sensitive and respectful. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

On this occasion there was evidence to confirm that continence care and promotion provided in the centre was compassionate.

RQIA Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	5	4
Service Users	5	5

Review of completed questionnaires evidenced all of the service users were very satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. The following qualitative comments were recorded:

- "The care and support is excellent. I'm very satisfied."
- "Staff are very well trained."
- "I feel very satisfied with the staff. Staff respond very well to all of my needs."

Completed staff RQIA questionnaires stated they were either very satisfied or satisfied with:

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

Two staff members stated they are awaiting training in continence management. One staff member stated the “centre can be short staffed which can impact on toileting support.” This information was shared with the registered manager by email on 21 March 2106 and she was responded to this.

The overall assessment of this standard showed the quality of care to be compassionate, safe and effective.

Areas for Improvement

There were three identified areas for improvement needed regarding RQIA’s review of standard 5. These matters concerned:

1. Service user’s assessments.
2. Service user’s care plans.
3. Continence promotion awareness training for staff.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Standard 8: Service Users’ Involvement - Service users’ views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

A range of corporate Trust policies were available to promote service users involvement in the day centre and each policy sets out the principles for involving service users to ensure they have an active role in the service delivery.

Review of the complaints records found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately.

Service users confirmed that they felt comfortable to raise any issues of concern with the registered manager or staff. They also confirmed these would be appropriately dealt with.

Five care plans inspected provided evidence that service users were encouraged to be involved in the planning of their care and, where possible actively participate in their annual care reviews.

Discussions with nine service users and four care staff reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. Review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in the Pavestone Centre during the inspection.

Is Care Effective?

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

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

Discussions with four staff concluded service users' meetings are usually held on alternate months. The minutes of three service users meetings were reviewed during this inspection these were qualitative, informative and reflected who attended, an agenda and a summary of discussions; however did not reflect if any action was needed and who was responsible. This was discussed with the registered manager. Following the inspection, the registered manager emailed RQIA on 09 March 2016 stating she had consulted with service users and a new template for the recording of their meetings has been devised.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. . A written review preparation report has been devised within Pavestone Centre. Review of five service user's annual review reports took place during this inspection. Three of the five review reports contained either the service user's or their representative's views and opinions of the day service. These were positive and complimentary about the quality of the day service and met standard 15.5. Two service user's care files did not contain an annual review preparation form. The registered manager informed RQIA all service users have had an annual review in the previous year and agreed to meet with care staff to ensure annual review preparation forms are completed with all service users and retained in their care file. Annual review preparation reports had been raised during the previous care inspection of Pavestone Centre and will be restated in the QIP of this care inspection.

The culture in the centre also supports the wellbeing of service users, enabling them to feel valued and promoting and supporting their engagement and participation in the running of the service. Service users who took part in individual and group discussions confirmed that they were involved in discussions about what took place in the centre. All comments received from service users were very positive about the centre.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to service users and their representatives in November 2015 and included questions on the quality of care, activities, outings, lunches, environment and transport. The registered manager informed RQIA an evaluation report has not yet been completed. This is an identified area for improvement.

Complaints

There were three complaints recorded in the centre's complaints record since the previous care inspection. These records were in accordance with standard 14.

However, the complaint records regarding the identified complaint made in August 2014 were incomplete. This matter was raised during the centre's previous care inspection and was discussed with the registered manager as these records were not compliant with standard 14. The registered manager was advised to retrospectively update Pavestone Centre's complaints record concerning the complaint of August 2014. The records should include the following information:

- details of all communications with the complainants, the results of any investigations and the action taken (standard 14.10)
- state if the complainant is or is not satisfied with the outcome/s;
- if the complainant is a service user, advice is provided about who to contact if they remain dissatisfied or require support services, including independent advocacy (standard 14.6)
- service users must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system (standard 14.7).
- information from complaints is used to improve the quality of services (standard 14.15).

An email was received from the registered manager on 09 March 2016 confirming the Pavestone Centre's complaints record had been updated. Confirmation was also obtained from the registered manager on 09 March 2016 stating copies of the complaint documentation are retained in the identified service user's care file.

Discussions with service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager. One service user raised his/her dissatisfaction about the current service users' smoking shelter to the rear of the centre. The service user was encouraged and advised to share his/her concerns with staff or the registered manager and these were also shared by RQIA with the registered manager.

Compliments

One compliment was reviewed during this inspection. This was a thank you card from the family of a service user complimenting the manager and staff on the quality of the day service.

Monthly Monitoring Reports

Three monthly monitoring reports (December 2015, January and February 2016) were reviewed during this inspection. These were a combination of announced and unannounced visits and reflected a summary of the views and opinions of three service users on each visit. The reports were qualitative and informative and meet regulation 29 and minimum standard 17.10.

On this occasion it can be concluded the quality of care provision in the Pavestone Centre was effective.

Is Care Compassionate?

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

Discussions with a total of nine service users, individually or in groups of two or three around tables in the dining room and in the seating area in the corridor. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users included:

- "I've no complaints about here. It's a great place. I come here for social reasons and I enjoy it."
- "I enjoy coming here but I miss working with the clay in the pottery room."
- "Staff go out of their way to help us. I love coming to Pavestone and have made a lot of friends."
- "I'm happy coming here, but worried my attendance will stop if I'm off on sick leave for too long. I feel the smoke shelter needs to be improved as it can be cold and windy out there."
- "The staff are supportive and the centre has done me the world of good. This place is my lifeline."
- "You're not judged here, it's a good place for me. It helps to keep me on the straight and narrow. The staff give me support and they listen."
- "I love coming here, it gets me out of the house and meeting people. There's lots of things to do here."

Any issues or concerns raised by service users were shared with the registered manager during this inspection. Assurances were given by the registered manager these would be followed up and responded to.

On this occasion it can be concluded the quality of care provision in the Pavestone Centre was safe, effective and compassionate.

Areas for Improvement

There were three areas identified for improvement as a result of examination of this standard. These matters concerned:

1. An evaluation report regarding the recent annual service user survey.
2. Service user's annual review report.

Number of Requirements:	0	Number of Recommendations:	2
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Five accident and untoward incidents were randomly reviewed during this care inspection. These records examined were being maintained in accordance with regulation 29.

The registered manager was asked by RQIA if there had been any safeguarding vulnerable adult referrals made since Pavestone Centre's previous care inspection on 26 March 2015. The registered manager said three safeguarding vulnerable adult referrals had been made to the Trust's Safeguarding Team. These had been investigated by the Safeguarding Team and appropriate action was taken. RQIA had not been notified of these in accordance with Regulation 29. The registered manager was advised to retrospectively forward these to RQIA's Incident Team. This is an identified area for improvement.

5.5.2. Equipment in the Centre

There are eleven wheelchair service users attending Pavestone Centre who are physically disabled and assessed to need aids, appliances or use of a hoist. There are several different hoists available for use in the centre. However, it is noted the Viking 800 hoist is currently unusable due to a faulty motor. The registered manager said this matter was reported to the service engineer and the Trust's Estates Department, however the motor has not yet been replaced. This is an identified area for improvement.

5.5.3. Environment

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the main hall. The centre was observed to be clean, tidy and generally very well maintained.

The registered manager informed RQIA there is currently a review of ventilation in what is known as the 'Clay Room' in the centre where service users participate in ceramic activities. There are two industrial kilns installed in this room. A day care worker recently expressed ventilation concerns to the registered manager and as a result she reported this to the Trust's Estates Department. Ceramic activities have temporarily stopped in the clay room until it is assessed ventilation is adequate. Three service users who met with RQIA during this inspection said they miss the ceramic activities and are keen for the ventilation issue to be resolved so they can recommence this activity.

The Trusts Estates Department and an external independent organisation subsequently visited the clay room to assess if the ventilation was adequate. On 22 March 2016, the registered manager informed RQIA of the outcome of the review which concluded ventilation is inadequate in the Clay room. This was communicated to senior line management and a works request to the Trust for completion of required works to improve ventilation was made. The registered manager informed RQIA the Trust has responded by stating there is currently no funding for this. An interim measure to temporarily relocate the ceramics activity in a polytunnel in the grounds of Pavestone Centre is in process. RQIA's Estates Inspector will follow up on this during Pavestone Centre's next estates inspection.

5.5.4. Areas for Improvement

Two areas for improvement were identified as a result of the examination of additional areas and concerned:

1. A replacement motor for the identified hoist.
2. Notifications to RQIA's Incident Team.

Number of Requirements:	2	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Rhoda Baxter, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 26(2)(c) Stated: First time To be Completed by: 25 May 2016	<p>The registered person must ensure the faulty motor in the Viking 800 hoist is replaced so it can be used with service users who are assessed to need it.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Works Request, Job Number 452413 was submitted to the Estates Department on 14.12.15 and the repairs are underway. This hoist is used in emergency situations only. In the interim arrangements have been made to access an alternative bariatric hoist if required.</p>
Requirement 2 Ref: Regulation 29 Stated: First time To be Completed from: 23 February 2016 for (a) and 15 April 2016 for (b)	<p>The registered manager must:</p> <ul style="list-style-type: none"> (a) Notify RQIA of accidents and untoward incidents as per Regulation 29. (b) With regards to the above, RQIA must be notified retrospectively of the three safeguarding vulnerable adult referrals and outcomes of the investigations. <p>Response by Registered Person(s) Detailing the Actions Taken: There were 3 referrals since the last inspection. All notification of events forms have now been sent to RQIA.</p>

Recommendations

Recommendation 1 Ref: Standard 4 Stated: First time To be Completed by: 5 May 2016 and ongoing	<p>The registered manager should ensure the identified service user's assessment is updated. Systems should be in place to ensure service user's assessments are current, reviewed at least yearly or when changes occur.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The identified service user's Assessment & Intervention Plan was dated 16 Sept 2014. Review due mid- Sep.15 was postponed as the service user was not feeling well. The service user has a progressive disorder which can result in many periods of absence due to pain, fatigue and hospital admissions. The review was further delayed by a number of periods of respite when she did not attend the Centre. The review was eventually completed on 02/02/16.</p> <p>In future, if a similar delay occurs the case notes will indicate more clearly why the postponement took place.</p>
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<p>Recommendation 2</p> <p>Ref: Standard 5.3 and 5.6</p> <p>Stated: First time</p> <p>To be Completed by: 25 May 2016 and ongoing for both.</p>	<p>The registered manager should ensure:</p> <p>(a) All service user's care plans are signed and dated by the service user, the member of staff responsible for completing it and the registered manager. If the service user declines to sign or is unable to sign; but agrees with the content of the care plan and staff signing this on their behalf; then this should be recorded on the care plan.</p> <p>(b) The identified service user's care plans are updated so they fully and accurately reflect their continence support needs; or refers to the self maintenance sheet.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: (a) All service user's Intervention plans will be signed and dated by the service user, the member of staff responsible for completing it and the Registered Manager. If a service user declines to sign, or is unable to sign, this will be stated on the Intervention Plan. (b) The Intervention plan will have a clear reference to the continence needs of the client, as detailed in the 'Self maintenance sheet'.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 25 May 2016</p>	<p>With regards to service users' views and opinions; the registered manager should ensure an evaluation report is completed regarding Pavestone Centre's annual service users survey. It should incorporate:</p> <ul style="list-style-type: none"> • details of the action taken in response to issues raised by service users from the previous years' survey; • qualitative comments made and issues raised by service users in the current survey; • any actions to be taken in response; • a copy of this report is made available or shared with service users and records are made of when this occurred. <p>Response by Registered Person(s) Detailing the Actions Taken: 25 questionnaires were returned and the analysis is completed. The report, detailing the information above, will be forwarded to line management and presented to staff at the next Staff Meeting on 27th May. The report, and any action resulting from it, will then be shared with the service users.</p>
<p>Recommendation 4</p>	<p>The registered manager must ensure a written review report is prepared</p>

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Ref: Standard 15.4 and 15.5 Stated: Second time To be Completed from: 1 March 2016	by staff in consultation with the service user prior to the annual review of their day care placement. The review report must address, where relevant, the areas stated in minimum standard 15.5.		
	Response by Registered Person(s) Detailing the Actions Taken: This standard is being incorporated with all reviews now being conducted. It is recognised that the pre-review document is a 'living' document and highlights pertinent events or consultations over the review period.		
Recommendation 5 Ref: Standard 21 Stated: Second time To be Completed by: 30 September 2016	The registered manager should ensure care staff receive awareness information or training in continence promotion and epilepsy. The returned QIP should state the action taken with training dates.		
	Response by Registered Person(s) Detailing the Actions Taken: Training in Continence Management and Epilepsy is currently being arranged dates have not yet been agreed but will be prior to 30 September.		
Registered Manager Completing QIP	Rhoda Baxter	Date Completed	09/05/16
Registered Person Approving QIP	Una Cunning & Tony Stevens	Date Approved	19/5/16
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	03/06/16

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