

Primary Announced Care Inspection

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| Name of Establishment: | Pavestone Centre |
| Establishment ID No: | 11106 |
| Date of Inspection: | 26 March 2015 |
| Inspector's Name: | Louise McCabe |
| Inspection No: | 20322 |

The Regulation And Quality Improvement Authority
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| Name of centre: | Pavestone Centre |
| Address: | 6a Rugby Avenue Coleraine BT52 1JL |
| Telephone number: | (028) 7034 7875 |
| E mail address: | rhoda.baxter@northerntrust.hscni.net |
| Registered organisation/ Registered provider: | Dr Anthony Baxter Stevens |
| Registered manager: | Ms Rhoda Baxter |
| Person in Charge of the centre at the time of inspection: | Ms. Judith Beckett (Day Care Worker) and Mr Rodger Connor, Locality Manager (for part of the inspection) |
| Categories of care: | DCS-LD, DCS-MP, DCS-MP(E), DCS-PH, DCS- PH(E) |
| Number of registered places: | 54 |
| Number of service users accommodated on day of inspection: | 44 |
| Date and type of previous inspection: | 26 February 2014 Primary Announced Inspection |
| Date and time of inspection: | 26 March 2015 11.45–16.15 |
| 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 registered 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:

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| Service users | 7 |
| Staff | 4 |
| 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 | 14 | 14 |

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 | | |
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| 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

Pavestone Centre provides day care services in a purpose built facility, which opened in 2004 and replaced the previous Coleraine Day Centre. Pavestone is situated in a residential area of Coleraine and shares the site with several other Trust facilities. It is located approximately one mile from the centre of town.

Service provision is for people assessed as having mental health and/or physical health needs and provides three main services – social enterprise (sheltered production and trading of quality crafts and goods for the retail market including National Trust outlet's under the name F MacCool & Co); vocational rehabilitation (a service for people who are considering returning to a standard of work) and a leisure enhancement service (an occupational therapist undertakes an individual assessment to identify interests and abilities of the service user). Staff will then encourage and support service users, where appropriate, to improve fitness, reduce stress, raise self-esteem, develop pre-work skills and promote social integration. The leisure enhancement service also offers opportunities for self-expression, creativity, challenge and achievement.

Service users are encouraged and enabled to re-gain previous skills, train for new challenges and develop their potential as well as having the opportunity to participate in identified training courses i.e. literacy, numeracy etc. Service users can also gain qualifications in creative craft, computing and food hygiene.

Pavestone Centre is a single storey building with automatic entrance doors. There are five workshops consisting of a wood craft room; clay room; fibre room; paper room; wax room; separate dining and staff rooms, kitchen with store room, female and male WC's and a flat floor, accessible bathroom. There are five separate offices providing workspaces for the manager, secretary, occupational therapists and day care worker and also a photocopying and an interview room.

Summary of Inspection

Total inspection time=7 hours (In Pavestone Centre 11:45–16:15 = 4 hours 30 minutes and an additional 2 hours and 30 minutes via telephone discussions with staff and the manager).

A primary announced care inspection was undertaken in Pavestone Centre on 26 March 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. The manager submitted a self-assessment of the one standard and two themes inspected prior to this inspection. This report compares the provider's 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 registered 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 four 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.

Staff and most service users' stated they are aware of the process to follow should a service user or their representative request to see their care file and would approach the manager about this.

Communication between management and staff is effective and no concerns were raised. Discussions with staff conclude one of the two day care workers would be 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 Pavestone Centre.

Fourteen questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to staff training; management arrangements; responding to service user's behaviour; confidentiality and recording. Several staff stated there are insufficient staff in the centre and explained this is mainly when staff are off on annual leave, sick leave or attending courses. This consequently could have an impact on the outings or activities offered to service users. This information was discussed with the manager and her line manager. The Trust has undertaken a review of staffing across day care facilities which resulted in some services losing staff members and re-deploying them to other centres.

The staff members' praised the quality of care provided within the returned questionnaires and the following comments were made:

- *"Try to provide a good quality care daily."*
- *"Very good."*
- *"Excellent. Staff work as a team and put clients' needs first. The team leader is very approachable and always encourages and inspires staff."*
- *"Excellent."*
- *"We have an innovative project at Pavestone which offers clients a safe and supportive environment to explore new work and leisure options. Care is high on all the staff and workers, however due to lack of staffing 1:1 time with individuals has been affected."*
- *"Excellent care by dedicated staff."*
- *"When fully staffed I feel the quality of care and service provision is at a high standard. When short staffed activities may be cancelled however the quality of care remains high."*
- *"Excellent care given and also a high standard of service provided."*
- *"We always aim to provide excellent quality of care despite short staffing. I think we treat all our clients with great respect and care."*

- *“Excellent level of care given to service users using best practice and professionalism by staff.”*

Review of three staff files showed evidence of formal supervision taking place in accordance with minimum standard 22.2 for all staff. Two staff have had an appraisal within the last year, the third staff member recently commenced employment in Pavestone Centre.

The inspector spoke privately with a total of seven service users regarding the standard inspected; the two themes and their views on the quality of care provision in Pavestone Centre. The service users communicated positive feedback regarding attending the centre, the activities they participate in and the care provided by the staff. Most of the service users meeting with the inspector stated they are aware there are care records kept in the day care setting about them and that they can access this information by asking staff. The 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 would say I was a difficult customer but I’ve settled a lot and would be lost without Pavestone. It gives me a purpose, keeps me busy and my mind active. I work hard and feel I am treated very well by staff. I like the sport in the centre and the activities.”*
- *“I feel the centre has and is doing me the power of good. I’d felt isolated at home, and depressed. Coming to the centre lifts my mind and keeps me busy.”*
- *“The staff are excellent, always helpful, supportive and available if you need to talk with them. They always make time for you. I encourage service users to take responsibility for their decisions. Staff go over and above the call of duty, it’s not a job to them, it’s a vocation.”*
- *“This place is excellent, the staff listen to you and try their best to help you. I love it here and have made lots of friends.”*
- *“I would be lost without coming here and would be looking at four walls at home. This place has given me a new lease of life. I settled in very quickly and was made to feel welcome. People remembered my name, that meant a lot. The staff are fantastic, they are easy to approach and they listen. It’s an excellent centre and I’d miss it if I was told I couldn’t come.”*

The previous announced inspection of the Pavestone Centre took place on 26 February 2014. Two requirements and three recommendations had been made. Review of the returned quality improvement plan for this inspection and discussions with management concluded compliance in two of the identified areas, substantial compliance regarding the training and development plan and non-compliance with the environmental requirement and recommendation. These two matters have been restated in the 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.

The six criteria within this standard were reviewed during this inspection. Based on the evidence reviewed by the inspector, five criteria were assessed as compliant by the inspector and criterion 7.4 was assessed as substantially compliant. A recommendation is made for the registered manager to 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.

Discussions with seven service users, four care staff and review of information in four 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'. The inspector concluded the service helps to improve service user's mental and physical health; promotes their social needs, stimulates intellectual activity and promotes independence.

The inspector assessed the centre as overall compliant in this standard.

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. One criterion was assessed as compliant and the other as not applicable as there have been no restrictive incidents in the service.

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. The Trust has in place a 'Restrictive Practices Registration' form which must be completed when a restrictive practice is used with service users.

Staff stated they know the service user's well and are familiar with their needs. Staff use effective communication, diversion and calming techniques when the need arises and respond appropriately to service user's needs. This approach 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. No requirements or recommendations were made concerning it.

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.

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

The inspector's review of random monthly monitoring reports showed these are compliant with standard 17.10. However, due to the absence of carers or representatives during monthly monitoring visits, a recommendation is made advising the designated registered person to ensure systems are in place, where appropriate, to seek the views and opinions of carers/representatives. This could be done by telephone or email.

The centre was assessed as overall compliant in this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints and accident/incident records, examined four service users' individual files and validated the manager's pre-inspection questionnaire.

The environment presented as clean, tidy, adequately heated and contained many displays of service user's art and craft work, pictures and photographs. The registered person must ensure a review is taken of the current disabled access and egress to Pavestone Centre for service users who use wheelchairs or other mobility aids. The manager informed the inspector there is evidence of service user dissatisfaction regarding current accessibility.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this 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. It presents as in tune with the needs of the service users for support, stimulation and meets their rehabilitation, social and other needs.

As a result of the inspection three requirements and six recommendations are made in the quality improvement plan, these regard:

- Environment (one matter is restated)
- Review of disabled access
- Storage
- Complaints record
- Service user's agreement
- Annual review documentation
- Monthly monitoring visits and reports
- Staff orientation and induction documentation
- Staff training

The inspector thanks the manager, staff and service users for the hospitality shown to her during this inspection.

Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|---------------------|--|---|--------------------------------------|
| 1 | Regulation 26(2)(b) | <p>The registered person must ensure the premises are in a good state of repair.</p> <p>(This refers specifically to the dilapidated portacabin building in the garden.)</p> <p>Ref. Additional areas examined/Premises.</p> | <p>The registered manager has submitted works order requests to the Trust's Estates department in October 2013 and February 2014. The Trust's Estates Department has condemned this portacabin. No action has yet been taken to remove it. This is unacceptable and this requirement will be restated for a second time. If this matter is not addressed, RQIA may consider enforcement action.</p> | Not compliant |
| 2 | Regulation 4(1) | <p>The registered person shall inform RQIA of any proposed changes to the operation of the day centre.</p> <p>Ref. Additional areas examined.</p> | <p>There has been discussion in the Trust of suggested changes to Pavestone Centre. A decision was made at this time that there would be no changes to the operation of Pavestone Centre.</p> | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
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| 1 | Standard 21.9 (in conjunction with 21.7) | It is recommended that the training and development plan be expanded to include a section setting out staff's current qualifications, desired qualifications and any proposals in place to support staff members in achieving agreed goals. | The inspector reviewed the training and development plan. Further information is needed to ensure full compliance with the minimum standard. This was discussed with the manager who agreed to review this document. | Substantially compliant |
| 2 | Standard 25.3 | It is recommended that the shower-room floor should be changed to create a level floored wet-room, making it more easily accessible for service users who need to shower. | The registered manager has submitted works order requests to the Trust's Estates department in May 2013 and February 2014. It is recognised the area is regularly steam cleaned which has eradicated the issue of the mal odour. However no further action has yet been taken to ensure water from the shower does not soak the bathroom floor. This restated as a requirement. | Not compliant |
| 3 | Standard 22.2 | Formal staff supervision was being provided approximately six monthly, by the manager. The registered person should ensure that the frequency and regularity of supervision is in compliance with the minimum standards. | The inspector's review of 14 completed and returned RQIA staff questionnaires, discussions with four staff and review of three staff files show formal supervision is taking place on a quarterly basis in line with standard 22.2. | Compliant |

| 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. | |
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| Criterion Assessed: 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. | COMPLIANCE LEVEL |
| Provider's Self-Assessment: There is a confidentiality policy and all staff are aware of not sharing any personal information about a client orally. We have a Protection of Personal Information Policy and Procedural guide. Training for staff is given for this. All staff attend Information Governance training. | Compliant |
| Inspection Findings: 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 Pavestone Centre. 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. This information is reflective of current national, regional and locally agreed protocols concerning confidentiality and adheres to DHSSPS guidance, regional protocols, local procedures and current legislation. Discussions with four staff and receipt of fourteen completed RQIA staff questionnaires confirmed policies and procedures are in place and available in the centre. The centre's current service user agreement is also compliant with this criterion. Discussions with staff also validate they are knowledgeable about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users personal information. This is commensurate with staff role and responsibilities. | Compliant |

| Criterion Assessed: | COMPLIANCE LEVEL |
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| <p>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.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p> | |
| Provider's Self-Assessment: | |
| <p>We have a policy regarding this.</p> <p>No service user has ever requested this but if so a record would be kept.</p> | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>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.</p> <p>Discussions with the manager concluded there have been no requests from service users or their representatives requesting access to care information.</p> <p>Discussions with staff conclude the policies and procedures are put into practice for example with reference to records being completed and maintained in the centre. It is evident from discussions with staff and the inspector's review of four service user's care files how they ensure a person centred approach to their recording. Discussions with service users conclude they are aware of their care plan and many have seen this.</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> | Compliant |

| Criterion Assessed: | COMPLIANCE LEVEL |
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| <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. | |
| Provider's Self-Assessment: | |
| Individual care records contain the above. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector examined care information from four service user's care files. Records pertaining to Schedule 4 (1)(a) regarding an assessment of the service user's needs referred to in Regulation 15(1)(a), standards 2 and 4, and care plans standard 5; were all compliant with legislation and minimum standards. All of the care plans were comprehensive in content and fully reflected how Pavestone Centre meets the service users' assessed needs and areas they wish to further develop with staff support. Positive comments were shared with the manager about this.</p> <p>Staff in Pavestone Centre are not completing an annual review preparation report in line with standard 15.4 and 15.5. This was discussed with the manager and day care worker. A recommendation is made for the registered manager to 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> | Substantially Compliant |

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| 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. | COMPLIANCE LEVEL |
| Provider's Self-Assessment: The needs of each service user are considered very regularly so that no one is neglected or overlooked in any way. Very frequent entries are made but it is difficult to make sure that an entry is made after 5 attendances as some clients attend once per week some twice some three times etc. The centre is working on a viable and practical procedure to ensure this happens. | Substantially compliant |
| Inspection Findings: The inspector examined a sample of four service user care records and evidenced individual care records, there was evidence staff are completing care notes on each individual in accordance with this criteria. | COMPLIANCE LEVEL Compliant |

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| Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <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. | COMPLIANCE LEVEL |
| Provider's Self-Assessment: Staff seem to be aware of matters that need to be reported to the various parties but written guidance needs to be developed. | Moving towards compliance |
| Inspection Findings: 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. The inspector's discussions with four 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. Discussions with staff conclude they are aware of their responsibilities and what constitutes reportable accidents and incidents. They would also have the contact telephone number of the registered person should this be needed. The inspector confirmed the centre's 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. | COMPLIANCE LEVEL Compliant |

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| Criterion Assessed: 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. | |
| Provider's Self-Assessment: It is our desire that the above standard is achieved. | Substantially compliant |
| Inspection Findings: The inspector examined a sample of care information in four service user's files during this inspection. These were qualitative in content and viewed by the inspector as relevant to the care plan and were outcome focused. Consultation with four staff working in the service confirmed their understanding of this criterion and their role and responsibility to address this fully when recording in individual files and additional records. | COMPLIANCE LEVEL Compliant |

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| PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Substantially compliant |

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

| Theme 1: The use of restrictive practice within the context of protecting service user's human rights | |
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| Theme of "overall human rights" assessment to include: | |
| Regulation 14 (4) which states: 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. | COMPLIANCE LEVEL |
| Provider's Self-Assessment: | |
| The above is the case | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector examined a selection of records including a sample of four individual service user records which showed comprehensive care plans are in place that clearly describe the day care service user's receive based on their assessed support needs, likes and dislikes. The manager and staff confirmed there have been no restrictive practices used with service users in Pavestone Centre.</p> <p>Discussions with the manager and staff concluded care is focused on meeting individual need, clear communication strategies, diversion, distraction and calming techniques. Staff have received information on Human Rights and Deprivation of Liberty Safeguard (DoLS). 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 to avoid escalation of behaviour or concerns whilst respecting each individual service user's methods of communicating, their views, choices and needs.</p> | Compliant |

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| <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> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment:</p> | |
| <p>The above would be the case.</p> | Compliant |
| <p>Inspection Findings:</p> <p>Refer to the inspection findings above for information.</p> <p>Discussions with the manager and staff conclude no service users have been subject to restraint and use of restraint is not planned for in this service with the current group of service users.</p> <p>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 settings 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>COMPLIANCE LEVEL</p> <p>Not applicable</p> |
| <p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> |
| | Compliant |
| <p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> |
| | Compliant |

| Theme 2 – Management and Control of Operations | COMPLIANCE LEVEL |
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| <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>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>(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>There is a clearly defined management structure.</p> | Compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>The registered manager has been employed in the Pavestone Centre for the previous fifteen years. The manager is registered with the NISCC and her current certificate is displayed. There are two day care workers, two occupational therapists; one occupational therapy worker and four care assistants (two of whom have driving duties) employed in Pavestone Centre.</p> <p>There has been two new staff employed in Pavestone Centre since the previous inspection. The inspector reviewed one recently employed staff member's file. It contained an Induction Checklist form, the sections had been ticked as completed, however, these were not dated and signed by the staff member or supervisor. Discussions with the new staff member and his/her supervisor concluded they have received mandatory and other training. This information was not recorded in their staff file. A recommendation is made for the registered manager to ensure the orientation and</p> | Compliant |

induction documentation for new staff is completed, dated and signed on a timely basis by the new staff member and the supervisor. Information on mandatory and other training received must also be recorded.

The manager 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.

Discussions with four 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. In the absence of the manager, one of the two day care workers assume responsibility for the centre on a turn basis. A competency assessment has been completed with each day care worker and is retained in their staff file. They would have contact mobile phone numbers of the manager and her line manager should the need arise.

Regulation 28/monthly monitoring reports of Pavestone Centre evidence the staffing arrangements in place. These visits are both planned and unplanned. A recommendation is made for the designated registered person to:

- (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 of service users' using the service.
- (b) systems should be put in place for the designated person to obtain, where appropriate, the views and opinions of service user's carers or representatives about this. The inspector's review of two monthly monitoring reports showed qualitative information is obtained in accordance with regulation 28.

Staff meetings are held on a quarterly basis, the most recent one occurred on 26 January 2015. There are also regular room meetings held. Discussions with management and staff conclude communication is effective within the service and enhanced with regular meetings, this is in accordance with minimum standard 23.8.

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| Regulation 20 (2) which states: <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: | |
| The NHSCT Supervision and Personal Review and Development strategy is followed. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>A sample of three staff files were reviewed and confirmed two staff have participated in the Trust's annual performance appraisal process. The third staff member is recently employed and will receive an annual appraisal when this is appropriate. Discussions with care staff members concluded they receive regular informal and formal recorded supervision. This was validated during the inspection and is in accordance with standard 22.2.</p> <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 care staff in Pavestone Centre concluded they systematically and regularly participate in formal supervision and annual appraisal in accordance with NISCC Codes of Practice and minimum day care setting standards. Occupational therapists receive formal supervision with their respective professional line manager and not the manager of Pavestone Centre.</p> | Compliant |

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| Regulation 21 (3) (b) which states: | COMPLIANCE LEVEL |
| <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 | |
| Provider's Self-Assessment: | |
| This standard is followed. All staff at Pavestone have the qualifications and experience to work at the centre | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| The Trust's Human Resources Department are responsible for ensuring all recruitment areas are completed. There are no concerns in this area. There has been two new staff employed in Pavestone Centre since the last inspection. | Compliant |

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

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

Additional Areas Examined

11.1 Complaints and Compliments

The complaints record was reviewed as part of this inspection. These meet minimum standard 14.10.

With regards to the identified complaint, 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. A requirement is made about this.

With regard to the identified complaint, a recommendation is made for the registered person/s 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:

- The care, services and facilities provided to the service user;
- 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.

Compliments

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

11.2 Incidents/Accidents

The inspector randomly sampled the centre's accident and incident records. These meet regulation 29 and minimum standards.

11.3 Service User Care Files

The inspector reviewed information from four service user's care files during this inspection. These were comprehensive and reflected person centred care plans completed in user friendly language.

It is noted there are no service user's annual review preparation reports contained in the care files examined. The registered manager must ensure a written review report is prepared by staff in consultation with the service user prior to the annual review of their day care placement. The review report must address the areas stated in minimum standard 15.5. A recommendation is made about this.

11.4 Staff Training

It is noted from discussions with staff, completed staff questionnaires and evidence of documentation in Pavestone Centre staff have not received identified training beneficial to their roles and responsibilities in supporting service users, for example mental health training. The registered person must ensure staff receive mental health and other previously identified training. A recommendation is made about this in the quality improvement plan.

11.5 Registered Manager Questionnaire

Prior to this inspection the manager submitted a questionnaire to RQIA. 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.

11.6 Statement of Purpose and Service Users Guide

Pavestone Centre's Statement of Purpose and Service Users' Guide have been reviewed in the last year and meet minimum standards.

11.7 Environment

The inspector undertook a tour of the environment. The centre was generally clean and tidy and in good decorative order. Positive comments were shared with management with regards to the spacious, bright and well decorated group rooms and dining room. Areas used by service users' were adequately heated, tidy and fit for purpose. Group rooms and central areas displayed service user's art work and photographs.

The centre has a shower-room which also contains a toilet equipped for people with a physical disability. The shower area of the room has a grid floor which is slightly raised from the rest of the room's floor. When someone uses the shower, the entire floor area becomes wet and an accident could occur. This issue was raised during the previous inspection. A requirement is made for the registered persons to review the flooring in the shower room and as a result of this review, provide RQIA with a programme of action with reasonable timescales to address any identified issues.

The registered person must also ensure a review is taken of the current disabled access and egress to Pavestone Centre for service users who use wheelchairs or other mobility aids. The manager informed the inspector there is evidence of service user dissatisfaction regarding current accessibility.

There is a large garden area to the rear of Pavestone which includes glasshouses and polytunnels, all of which were well maintained and geared to providing facilities for commercial operations. The Trust's Estates Department have condemned an unsightly dilapidated portacabin situated in the middle of the garden area. As the garden is not fenced in, nor secure, there is also a potential danger to any person who might gain unauthorised entry. The registered person must ensure the safe removal of the portacabin as soon as possible. A requirement about this is restated for the second time in the quality improvement plan.

The small portacabin situated at the side of Pavestone Centre building currently storing products and equipment for service users is rotting and leaking rainwater. The manager informed the inspector this is unrepairable. The registered person is required to remove this portacabin and replace it with suitable storage. A requirement is made about this.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms. Baxter, registered manager and a day care worker 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 Announced Care Inspection

Pavestone Centre

26 March 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 Ms Rhoda Baxter, registered manager and Ms Judith Beckett, day care worker 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.

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 (NI) 2007

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|--------------------------------------|---|--------------------------|--|--|
| 1 | 26(2)(b) 26(2)(i) | <p>The registered persons must:</p> <p>(a) remove the identified condemned portacabin in the garden of Pavestone Centre as soon as possible.</p> <p>(b) remove the existing portacabin situated at the side of Pavestone Centre which is used to store supplies and equipment.</p> <p>(c) A suitable storage replacement must be provided.</p> <p>(Follow up on previous issues and section 11.7 refers).</p> | <p>Twice</p> <p>Once</p> | <p>(a) NHSCT Estates Works Request has been submitted for the removal of the portacabin on 04/06/15.</p> <p>(b) Estates Works Request submitted on 04/06/15.</p> <p>(c) Included in (b) above.</p> | By 30 June 2015 for both |
| 2 | 14(1)(a) and (c) 26(2)(a) and (j) | <p><u>Shower Room</u></p> <p>The registered persons must:</p> <p>(a) review the flooring in the accessible shower room with toilet.</p> <p>(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 (follow up on previous issues and 11.7 refers).</p> | Twice | <p>(a) A review of the flooring was undertaken in May 2013.</p> <p>(b) Second Estates Works Request submitted on 04/06/15. Previous request submitted in May 2013</p> | Action plan to be received by 30 June 2015 |

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| 3 | 24(3) and (4) | <p><u>Complaints Record</u></p> <p>With regards to the identified complaint, 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 (additional information section 11.1 refers).</p> | Once | The Registered Manager has submitted an initial draft and is liaising with the Inspector. | By 15 May 2015 |

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 | 25.5 | <p><u>Improved Disabled Access</u></p> <p>The registered persons must undertake:</p> <p>(a) a review of the current disabled access and egress to Pavestone Centre for service users who use wheelchairs or other mobility aids.</p> <p>(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 (additional information section 11.7 and Regulation 26(2)(a) and (j) refers).</p> | Once | <p>(a) A review was undertaken in June 2014</p> <p>(b) Estates request for work submitted on 04/06/15.</p> | Action plan to be received by 30 May 2015 |
| 2 | 15.4 & 15.5 | <p><u>Service User Annual Review Preparation Form</u></p> <p>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 (standard 7.4 and additional information 11.3 section refers).</p> | Once | A Review Preparation Report will be written by staff in conjunction with the service user. | Immediate and on-going |

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|---|------|--|------|---|------------------------|
| 3 | 21.1 | <p><u>Orientation & Induction Documentation</u></p> <p>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 (theme two refers).</p> | Once | This procedure will be carried out as the various topics are completed, and checked at supervision. | Immediate and on-going |
| 4 | 3 | <p><u>Service User Agreement</u></p> <p>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; • 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 were appropriate their representative and the | Once | The Registered Manager has submitted an initial draft and is liaising with the Inspector. | By 30 May 2015 |

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| | | <p>registered manager.</p> <ul style="list-style-type: none"> 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 (additional information 11.1 section refers). | | | |
| 5 | 21 | <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 (additional information 11.4 section refers).</p> | Once | <p>Training in the following areas was requested by staff. Provisional arrangements are as follows:-</p> <p>Mental Health: (specifically Suicide Awareness) 22/06/15. Instruction techniques: 22/06/15. Personality Disorder: 21/09/15. Epilepsy: 21/09/15. Incontinence management: 21/09/15. KSF and Appraisal: 21/09/15</p> | By 26 September 2015 |
| 6 | 17.10 | <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 (theme two refers).</p> | Once | <p>(a) This procedure will be undertaken.</p> <p>(b) Most service users attending Pavestone are independent and may not wish a carer to be contacted, but a list is being made of possible carers or representatives appropriate to contact.</p> | Immediate and on-going |

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 | Rhoda Baxter |
| Name of Responsible Person / Identified Responsible Person Approving Qip | Dr Tony Stevens |

| QIP Position Based on Comments from Registered Persons | | Inspector | Date |
|---|--|------------------|--------------|
| | Yes Response assessed by inspector as acceptable regarding: recommendations 2, 3, 4, 5 and 6 | Louise McCabe | 19 June 2015 |

| | | | |
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| <p>Further information requested from provider</p> | <p>Regarding: requirements 1, 2 and 3 and recommendation 1.</p> <p>The following information is required:</p> <p><u>Requirement 1</u> The timescale in the original QIP to remove both the identified condemned portacabin and the existing portacabin at the side of Pavestone was 30 June 2015. The response on the QIP does not state if this will be completed by 30 June 2015.</p> <p>On 26 March 2015, the inspector was informed the leaking portacabin to the side of Pavestone is unrepairable. The registered persons must provide RQIA with:</p> <ul style="list-style-type: none"> (a) Confirmation the condemned portacabin has been removed or a date when this will be removed. (b) Information on when a suitable storage replacement will be in place to store the equipment and supplies. (c) Information on when the portacabin located at the side of Pavestone will be removed. <p><u>Requirement 2</u> The timescale of 30 June 2015 was made for the registered persons to provide an action plan to RQIA regarding a further review of the flooring in the accessible shower room with toilet. The requested programme of action has not yet been received by RQIA. The registered persons must provide RQIA with a programme of action with reasonable timescales to address the identified environmental safety issues raised by the manager and staff.</p> | <p>(i) Removal of condemned Portacabin: MCW 409372 Estimated cost £3,450. Estimated completion time: end of Aug.2015</p> <p>(ii) Removal of storage Portacabin. MCW 412003. Estimated cost: £1.500 Estimated completion time : end of Aug.15. Replacement of this Portacabin will be funded by fundraising through Friends of Pavestone Centre.</p> <p>Removal of shower grid in wheelchair accessible toilet and replacement with sloping floor. MCW 264385 Estimated cost: £2,800. Estimated completion time: end of Aug.15.</p> | <p>By 6 July 2015 for all</p> <p>By 6 July 2015</p> |
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| | <p><u>Requirement 3</u> The registered manager forwarded RQIA Pavestone Centre's amended headings for their complaints record. These headings will now effectively guide management and staff when they are recording any areas of dissatisfaction, concern and complaints as per minimum standard and regulation.</p> <p>With regards to the identified complaint, the inspector acknowledges this has been investigated by senior line management. The registered manager is asked to liaise with the individuals investigating this matter and accurately record:</p> <ul style="list-style-type: none"> (a) The satisfaction level of the complainants as the inspector was informed they remain dissatisfied. (b) Record if the complainants were advised of the next steps in the Trust's complaints process. <p><u>Recommendation 1</u> The registered persons were asked to forward RQIA by 30 May 2015, the outcome of their review of the current disabled access and egress to Pavestone Centre for disabled service users. This requested programme of action has not been received. The registered persons must provide RQIA with a programme of action with reasonable timescales to address any identified issues.</p> | <p>Contact has been made with Senior Line Management. They report that documentation, sent to the complainants, following receipt of their complaint, indicated:</p> <ul style="list-style-type: none"> (i) that if the outcome of the investigation was not to their satisfaction they should make contact with the Investigating Officer. (ii) the procedure for taking the complaint to the Ombudsman was highlighted. <p>No further word has been received from the complainants.</p> <p>Re. access to the Pavestone Centre:-</p> <ul style="list-style-type: none"> (i) Replacement of step to the right of the front door with a ramp of a suitable gradient for wheelchair users. This has been cleared through Trust Help Desk. | <p>By 6 July 2015 for both</p> <p>By 6 July 2015</p> |
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| | | <p>Estimated completion date: end of July 15.</p> <p>(ii) Installation of automatic doors at side entrance.</p> <p>There have been 2 site visits from engineers both building and electrical. Costings to be worked out and will be cleared for completion by end of Aug.15</p> | |
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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 Q.I.P. | Rhoda Baxter |
| Name of Responsible Person / Identified Responsible Person Approving Q.I.P. | Dr Tony Stevens |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|---|------------------|--------------|
| Response assessed by inspector as acceptable | Yes | Louise McCabe | 14 July 2015 |
| Further information requested from provider | Yes. The registered manager is requested to email the inspector by 1 September 2015 to confirm requirements 1, 2 and recommendation 1 have all been actioned. | | |