

Unannounced Day Care Setting Inspection Report 05 and 06 December 2016



Lisburn Assessment and Resource Centre incorporating 'Rowan Centre Day Care', 'Dairy Farm Day Care' & 'Seymour Horticultural Unit'.

Type of service: Day Care Service
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lisburn Assessment and Resource Centre (LARC) took place on 05 December 2016 from 10.00 to 16.30 and 06 December 2016 from 09.00 to 18.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection of 13 service users individual care files; staff records such as duty rotas, supervision and training; observations of the settings; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. The care provided in this setting was avoiding and preventing harm to the service users in the setting and in the community. Furthermore the care, treatment and support was helping individuals to improve their future options and potential future outcomes.

Overall the inspection of “is care safe” concluded the minimum standards inspected were broadly met. To achieve full compliance four areas for improvement were identified, they were: the staff working record (rota) should be improved so the capacity in which staff are working is recorded; the recording and reporting of incidents of restraint to RQIA must be reviewed to ensure all incidents are reported in compliance with regulation 14 (5) and regulation 29; the robustness of the current heating system should be reviewed to ensure that the heating is reliable and adequate for this setting; and the fire risk assessment must be reviewed without delay.

Is care effective?

The inspection of service users individual care records, incident recording, complaints recording, discussion with the service users, staff and visiting professionals concluded care was being delivered at the right time, in the right place, and with the best outcome. In three of the four settings individual care needs had been recently reviewed, reassessed and plans were in place to meet assessed needs.

Overall the inspection of “is care effective” concluded the service user records in Rowan Centre setting should be improved to ensure the minimum standards inspected are fully met.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect and they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed listening to and communicating with service users in a compassionate manner.

Overall the inspection of “is care compassionate” concluded the inspection of the minimum standards was met. No areas for improvement were identified during this inspection.

Is the service well led?

The discussion with staff and service users regarding the management arrangements that were in place and their effectiveness revealed staff were clear regarding their roles and responsibilities and who they were managed by. Documents and records such as incident recording, complaints recording, team meetings minutes, and evidence of staff support and supervision meetings demonstrated there were clear arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of “Is the service well led?” concluded two areas of improvement were identified regarding the provision of individual supervision meetings for staff and improving the content of monthly monitoring visit report.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Kieran McCormick, Regulated Services Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

There were no further actions required to be taken following the most recent Premises inspection.

2.0 Service details

Registered organisation/registered person: South Eastern HSC Trust/Mr Hugh Henry McCaughey	Registered manager: Mr Raphael Kearns
Person in charge of the service at the time of inspection: Senior Day Care Workers: Aveen Mc Keown and Mandy Glasgow	Date manager registered: 08 October 2009

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and South Eastern Trust
- Incident notifications which revealed 33 incidents had been notified to RQIA since the last care inspection in March 2016
- Unannounced care inspection report 22 & 30 March 2016
- Announced Premises inspection report 17 May & 6 June 2016

During the inspection the inspector met with:

- The regulated services manager
- Three senior day care workers
- Twelve care staff
- Twenty three service users
- Two relatives.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff in the three satellite sites and the main LARC site. One was returned by service users, one by staff and one by a relative.

The following records were examined during the inspection:

- Thirteen service users care files
- Two individual staff records, including recruitment and supervision evidence
- A sample of service users' daily records
- Five complaints/issue of dissatisfaction recorded from April 2015 to December 2016
- A sample of incidents and accidents records from March to December 2016
- The staff rota and bus cover arrangements from 30 September to 5 December 2016
- The minutes of three service user meetings (January, March and May 2016)
- Staff meetings held between January to June 2016
- Staff supervision dates for 2016
- Monthly monitoring reports from May to November 2016
- Staff training information for 2015 and 2016
- a sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 May 2016 and 06 June 2016

The most recent inspection of the service was an announced premises inspection. There were no further actions required to be taken following the most recent premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 22 and 30 March 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.6 Stated: First time	The identified risk of a service user choking, as reflected within care plans, should include a record of the level of staff supervision required at meal and snack times.	Met
	Action taken as confirmed during the inspection: The updated records were available and up to date at the time of inspection.	
Recommendation 2 Ref: Standard E11 Stated: First time	The leather upholstery which is torn and unsightly on one chair within the Rowan Centre requires attention.	Met
	Action taken as confirmed during the inspection: This had been attended to.	
Recommendation 3 Ref: Standard 8.2 Stated: First time	The registered manager to discuss, at the next service users' and staff meetings, the identified areas of dissatisfaction in questionnaires returned to RQIA, as shown in this report. Where necessary agree and develop an action plan to address issues. A copy of the action plan to be submitted to RQIA.	Met
	Action taken as confirmed during the inspection: The records of discussion and feedback were available and up to date at the time of inspection.	

4.3 Is care safe?

The review of the staff rota recorded from 30 September to the date of the inspection showed the record detailed the specified staff covering each part of LARC, staff who were absent and staff brought into cover absences, such as agency staff. The behaviour management team, staff in charge of medication and first aiders were also identified on the record. The record did not identify which staff in each zone or satellite setting that were in charge or their grade which would have given an indication of their role and responsibilities. A recommendation is made to improve the record in this regard.

The staffing numbers and allocation of staff to roles and responsibilities was also discussed with staff on duty during the two day inspection. The staff in each zone of the main setting described who was in charge and those roles and responsibilities were divided and agreed daily. This provided assurance all of the service users' needs in the zones had staff allocated to them to ensure their care plan and identified needs were being met. The staff also revealed a morning meeting is held each day by management to ensure staffing is adequate in each zone and satellite setting.

Observation, discussion and the staff rota provided evidence there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of service users on the day of the inspection. The staff distribution arrangements across this large setting took into account the size and layout of the premises, the number of service users and the support needs; including one to one care.

The induction programme was discussed with staff and a current induction pack was reviewed for the two newest members of staff in LARC. The model used was the Northern Ireland Social Care Council (NISCC) induction standards, the trust's generic induction training and the centre's own induction programme to the day care setting specific to the roles and responsibilities for the grade of staff. The induction programme included familiarisation with policies and procedures, the settings, shadowing staff, training and meetings with their supervisor. The induction was relevant for all grades of staff and included analysis of competency to identify any areas where extra training or mentoring may be required. Staff said during the inspection they knew who was in charge if they needed to seek support or advice; they also identified all staff work together to support each other and ensure service users' needs are met safely in the day care setting.

The incident and accident records were inspected. They detailed illness, accidents including falls, behaviour incidents where a response was required, vulnerable adult or potential safeguarding issues. The notifications received by RQIA were cross referenced with a sample of the centres records, this identified a number of incidents of restraint had not been reported to RQIA. A requirement is made that the recording and reporting of incidents of restraint to RQIA is reviewed to ensure all incidents are reported in compliance with regulation 14 (5) and regulation 29.

A total of 33 incident reports had been forwarded to RQIA in the last 12 months. The detail recorded showed the incidents had been responded to quickly by staff. This avoided incidents escalating and needs or plans were reviewed to assess if any changes needed to be made to prevent future occurrence. This showed the staff in this service was meeting the welfare, care and protection needs of the service users in LARC. Staff did describe the main site had taken a number of service users into the setting this year that required a predictable routine and adherence to a clear behaviour management plan. This was described as a staff intensive

support model which required an increased number of staff to supervise, use effective diversion techniques and clear communication techniques. This had been challenging due to staff absences and vacancies. However staff allocated to this area were informed daily regarding their role and responsibilities for the day, how best to respond to behaviours and who was available for support. This setting had enabled staff to manage well and to date the potential for the new service users behaviours escalating had not happened. This showed the staff being familiar with each service user and careful planning to meet the service users individual as well as group needs was keeping service users safe in the setting.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the main centre and satellite settings had been kept clean and tidy; hand hygiene was promoted using notices and resources. There were some physical restrictions in place such as locked doors, keypad entry systems, use of lap belts and one to one staffing. These restrictions were in place and agreed with the Trust's behavioural support team to meet specific needs that had been identified in the service user's assessments and care plans. Care staff discussed any restriction's in place were the least restrictive measure to meet identified service user's needs as recorded in the assessment. Furthermore they had involved other professionals to confirm that the restrictions were necessary. The inspection of 13 files showed a specific assessment tool had been developed to assess any restrictions in place were necessary. The tool was reviewed annually or sooner to ensure what was being used was the least restrictive option available.

A tour of the day care settings, discussions with staff and the registered manager identified the building and grounds were kept tidy and in a good state of repair. On the day of the inspection the main sites' heating was not working. The staff had access to heaters to ensure the setting was warm enough to receive service users, however discussion with staff and relatives revealed this had happened previously due to a fault. A recommendation is made for the trust to review the robustness of the current system and ensure that the heating is reliable and adequate for this setting and the service users whose needs are met in LARC.

The day care setting's fire safety records were viewed for 2016. The fire risk assessment was due for review on 10 June 2016. This had not been reviewed. The trust estates department had been notified in November 2016 to complete and sign of fire risk assessments as required by RQIA and arrange a new risk assessment for the year. This had not been done by the trust estates team at the time of the inspection. A requirement is made for this to be reviewed without delay.

Discussion with service users in two of the satellite settings and the main centre provided evidence that staff had discussed their personal safety with them. They had discussed safe choices, safety in the community and safety generally in the day care setting, in the community and at home. Service users said they could talk to any staff if they needed to.

One service user returned a questionnaire to RQIA regarding this inspection. They stated they were very satisfied with the safety in the day centre. They felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded.

Two relatives discussed examples of safe care and communicating concerns regarding safe care with staff. They identified they had had concerns regarding their relative in the setting, they also identified staff had responded to their concerns and acted to assure them care was safe.

One relative returned a questionnaire, they identified they were very satisfied with the safe care in LARC. They stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

One staff member returned a questionnaire to RQIA post inspection. They stated they were satisfied care was safe in the setting. They identified the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

Areas for improvement

Four areas for improvement were identified regarding safe care during this inspection. They were: the staff working record should be improved so the capacity in which staff are working is recorded; the recording and reporting of incidents of restraint to RQIA must be reviewed to ensure all incidents are reported in compliance with regulation 14 (5) and regulation 29; the robustness of the current heating system should be reviewed to ensure that the heating is reliable and adequate for this setting; and the fire risk assessment must be reviewed without delay.

Number of requirements	2	Number of recommendations	2
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4.4 Is care effective?

The inspection of 13 service users individual care records provided evidence that the day care setting had effectively planned to meet the assessed needs of the people who use the service. Observation of care showed the care plans were being put into place by staff in a gentle, encouraging way that was personal to each individual service user. The staff were observed engaging the groups and individual service users in activities. The care plans inspected clearly described the service user's physical, social, emotional, psychological and spiritual needs and how they should be met in the service.

The care records inspected in the main centre and Seymour Hill had been maintained in line with the legislation and best practice guidance. There was evidence care records had been updated and reviewed by service user's keyworkers in a timely manner or following a meeting; or the individual's annual review of their day care placement. The care records included clear risk assessment information and planning documents which detailed the health and well-being needs of the service users. The two service users records inspected in the Rowan Centre were not as organised. The review documentation was out of date, service user consultation was not evident and the recording of the service users' attendance was not up to date. A recommendation is made for the service users' records in Rowan Centre setting to be audited and updated to ensure care plans are current, relevant and consistent with the service user's current preferences and goals.

The care records inspected showed there was multi-professional input into the service users' health and social care needs assessment. For example behaviour specialists, speech and language professionals and other medical professionals had contributed to assessing needs and formulating the care plan. Care plans contained information that provided evidence they were written with input from the service user or relative. Discussion with staff in all of the settings regarding implementation of the care plans provided assurance they knew each

individual's needs and plan. Staff also discussed if they were less familiar with a service users plan the day care worker was on hand to provide support and advice as necessary.

Discussion with service users about what they were doing in each of the settings provided assurance they knew what activity they wanted to take part in, having had the choices explained to them. Activity planning sheets were also available for reference in each room/setting. This was evidence of clear planning and communication with service users regarding activities. Service users knew what staff would help them and if they changed their mind what they could do as an alternative. The service users whose communication needs were more complex and had limited mobility were observed during the inspection to ensure their needs and preferences were met. Staff were observed providing one to one care and group activities that stimulated their senses; they looked for signs of engagement and used service users individual communication methods to check they were happy with the activity. When one service user showed signs of over stimulation the staff identified this, one staff member responded quickly and used the information in the service users plan to calm the service user. This was a good example of effective care being provided in a timely manner that was responsive to service user's individual needs and behaviour.

The day care worker staff discussed the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. They explained each day care worker had a section and staff that they allocate tasks to and support as necessary. They also audit records to ensure they are kept up to date. The care workers were guided by the day care workers however; observation of the care showed they were competent and well informed regarding the service users' needs they were caring for. The staff said they work together to keep records up to date and the supervisors (day care workers and senior's) review and update care records on a regular basis.

One service users' questionnaire stated they were very satisfied the care was effective. They identified they were getting the right care at the right time. They identified staff communicate well with them, their choices are listened to, they choose the activities they take part in and have been involved in the annual review of their day centre placement.

The relative questionnaire identified they were very satisfied with the effective care. They stated their relative gets the right care, at the right time, in the right place. They also identified they are satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these are incorporated into the care they receive and that they are involved in their relative's annual review.

The staff questionnaire identified they were satisfied care was effective in this setting. They wrote "service users don't always get best outcome as a lot of bank/agency staff are used and don't know the ins and outs of all service users, so is more minding than providing service or meeting needs". This specific point was identified and discussed during the inspection. In conclusion the staffing arrangements did clearly record cover staff were being used to ensure staffing numbers were at the right level to provide safe and effective care. Discussion with agency staff and observation of care where agency staff were present did not reveal any gaps in care. The day care workers in the areas were clear their role was to ensure cover staff had the right knowledge and support to deliver safe and effective care. The cover staff said they had been well informed regarding the needs of the service users and if they were concerned or unsure regarding what to do; the day care worker was on hand to support them, as were the other care staff. Finally the Regulated Services Manager described as the staffing vacancies had been identified they were filled with permanent staff. The recruitment process had taken time but this ensured staff were recruited using safe practices. Therefore whilst it is

acknowledged cover staff were being used, this was not a permanent staffing solution, staff were working together to provide effective care and needs of service users were being met.

Areas for improvement

The service user records in Rowan Centre setting were identified for improvement; they should be audited and updated to ensure care plans are current, relevant and consistent with the service user's current preferences and goals.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

This day centre is for service users who have a Learning Disability however, they may also have other physical, sensory and behaviour needs that require varying levels of staff support. However, it was clearly observed staff all shared the common ethos that all service users need to be supported, encouraged and enabled to take part. Staff were observed communicating warmly with the different groups to promote involvement. Staff were observed to be providing care confidently and effortlessly.

Discussion with staff in the different rooms and settings regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choices that were aligned to service users' preferences and interests. Observations and discussions with service users taking part in activities showed participation was good and the service users were enthusiastic about what they were doing.

Communication with service users is key to ensuring service users were cared for compassionately. In this day centre full involvement of service users had been promoted using communication methods that were most appropriate for each individual. This ranged from using discussion, verbal cues, technology, facial expressions, sensory activities, Makaton and by staff interpreting signs through observation of behaviour. Observation and interactions with service users during the inspection showed the methods of communication used were consistent with what had been written in their respective care plans. The individual service user's records detailed what communication methods had enabled and supported service users to engage and participate in the day care activities and positive outcomes achieved.

The service users views and opinions had been taken into account and recorded individually however, the settings also held service user meetings monthly. Any of the service users could attend these meetings and the minutes were posted onto the service users' notice board. A copy of the minutes was also given to the manager to ensure suggestions; preferences and any concerns were acted upon. The managers/staff actions was fed back to the next meeting.

Discussions with service users revealed they felt positively about attending LARC. In the horticultural setting the service users had held an open morning before the inspection visit. They provided positive feedback about the staff who they described helped them to prepare items to be sold at the coffee morning and provide refreshments. They said they enjoyed attending the project and said their morning had been a great success. Overall it was clear the service users had been enabled by staff to be fully involved in the organisation and delivery of the event. This was a clear example of compassionate care in this setting. Similar feedback

was given by service users in the other settings where staff had enabled them to be involved in community activities, centre activities and projects. The outcome achieved was service users felt fully involved in the care they were receiving.

The relative questionnaire said they were very satisfied their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative is treated well and they are consulted regarding decisions.

The staff questionnaire identified they were satisfied service users were treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

One relative stated they were very satisfied their relative was treated with dignity and respect, they are treated well by the manager, they have no concerns, they are consulted and staff advocate for their relative.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

An inspection of arrangements in place evidenced that effective leadership and management arrangements were in place. For example the statement of purpose accurately described the setting, staffing arrangements and delivery of day care. Discussion with the staff confirmed they were familiar with legislation and best practice guidance relevant to the setting they were working in. They had attended mandatory training and training relevant to their responsibilities, attended regular team meetings, and received regular supervision.

The supervision schedule and two individual staff records were inspected. This revealed staff supervision meetings were held regularly and as a minimum every three months. However, the supervision minutes and discussion with staff revealed these were group supervision meetings. Staff described this model was most conducive to ensuring care was safe, effective and compassionate. Nevertheless this is not compliant with standard 22.2 and does not allow for discussion regarding staffs individual issues, development or conduct. A recommendation is made to improve arrangements in this regard.

The complaints record revealed the setting had received five complaints since March 2015 regarding care. The manager and senior staff had responded to the issues in a timely manner and in compliance with the trust policy and procedure. In each example the complainant was satisfied with the outcome.

The inspection of the regulation 28 (monitoring reports) from May to November 2016 revealed they had been completed monthly, they were unannounced and announced visits, they reported on the conduct of LARC and contained an action plan for issues identified for improvement. Two improvements were noted regarding the analysis of staffing which identified significant gaps in staffing numbers but did not explain how these gaps were being covered to ensure care was safe and effective. Secondly the reports were written about LARC and they should also include monitoring of the satellite settings. A requirement is made in this regard.

The working relationships between staff and management were reviewed through discussion with staff and management, review of the minutes of staff/team meetings and analysis of questionnaires. This revealed there are arrangements in place for staff to access their line manager such as supervision, open door access to management as required, and the registered manager was described as involved and visible in the day care setting. The feedback from the staff was the registered manager and the senior day care workers respond effectively to staff needs.

One service users' questionnaire identified they were very satisfied the service was managed well; they knew who the manager is and could talk to them if they had any concerns. Staff responds well to them and they are asked what they would like to do in the setting.

The relative questionnaire said they were very satisfied the service was managed well; staff and the manager are approachable, professional and caring. They were informed about the complaints process and they have a copy of the service user's guide.

One staff questionnaire identified they are satisfied the service is managed well, the service is monitored, the management team respond to concerns, complaints or issues; they could approach the manager; team meetings are held at least three times per year; and communication between the staff and management is effective.

Areas for improvement

Two areas of improvement were identified regarding the provision of individual supervision meetings for staff in compliance with standard 22.2 and improving the content of monthly monitoring visit report.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kieran McCormick, Regulated Services Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 14.5 Stated: First time To be completed by: 31 January 2017	<p>The registered provider must review the recording and reporting of incidents of restraint to RQIA to ensure all incidents are reported in compliance with regulation 14 (5) and regulation 29.</p> <p>Response by registered provider detailing the actions taken: All staff have been advised that incidents where restraint has been used these are to be reported through to RQIA. Manager will keep folder of all confirmation of receipt emails sent from RQIA to ensure received when sent.</p>
Requirement 2 Ref: Regulation 26.4 Stated: First time To be completed by: 31 January 2017	<p>The registered provider must make arrangements for the fire risk assessment to be reviewed without delay.</p> <p>Response by registered provider detailing the actions taken: Manager has sent 2nd email to Estates Dept and Trust Fire Officer on 14/12/16 for fire risk assessment to be completed asap. Manager received reponse on 16/12/16 stating this would be made a priority.</p>
Requirement 3 Ref: Regulation 28.4 Stated: First time To be completed by: 31 January 2017	<p>The registered provider must make arrangements for the content of the monthly monitoring reports to be improved regarding the analysis of staffing and reporting must also include monitoring of the satellite settings.</p> <p>Response by registered provider detailing the actions taken: Monitoring Officer has been requested to visit satellite settings on alternate monitoring visits to main centre. Method for future recording of staffing on monitoring forms to be discussed at meeting on 16/1/16</p>
Recommendations	
Recommendation 1 Ref: Standard 23.7 Stated: First time To be completed by: 31 January 2017	<p>The registered provider should improve the record of staff working each day to include the capacity in which staff are working in each area and satellite setting</p> <p>Response by registered provider detailing the actions taken: Daily Day Care Worker roster meetings now minuted each morning to reflect need in area. Staff moves and absences recorded daily. Band 5 and Band 3 staff highlighted on roster.</p>
Recommendation 2 Ref: Standard 25.2 Stated: First time To be completed by: 31 January 2017	<p>The registered provider should review the robustness of the current heating system in LARC to ensure that the heating is reliable and adequate for this setting; and the service users whose needs are met in LARC.</p> <p>Response by registered provider detailing the actions taken: Estates have completed work to repair and ensure reliable running of heating service.</p>

<p>Recommendation 3</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should put in place arrangements for the service user records in Rowan Centre setting to be audited and updated. Care plans should be current, relevant and consistent with the service user's current preferences and goals.</p> <p>Response by registered provider detailing the actions taken: Temp 3 month Band 5 Day Care Worker post advertised interviews 25/1/16. Full time Band 5 day Care Worker post in recruitment process. Manager to audit files through supervision.</p>
<p>Recommendation 4</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should make appropriate arrangements for individual staff supervision to be provided to all staff in the day care settings.</p> <p>Response by registered provider detailing the actions taken: Record of individual staff supervisions, including content of discussions/meetings when held recorded on new sheet front of staff file. One seperate file in place to record individual staff ad hoc discussions as appropriate.</p>

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



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