The Regulation and Quality Improvement Authority

Day Care Inspection Report
06 and 07 February 2017

Magherafelt Adult Centre incorporating 'Sperrin House Satellite Unit'

Type of service: Day Care Service
Address: 55 Hospital Road, Magherafelt, BT45 5EG
Tel no: 02879365060
Inspector: Priscilla Clayton

1.0 Summary

An unannounced inspection of Magherafelt Adult Centre incorporating 'Sperrin House Satellite Unit' took place over two days; 06 February 2017 from 10.00 to 15.30 and 07 February 2017 from 10.00 until 12.30 hours.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to the care provided. This was provided from positive feedback received from service users and staff, staffing levels to meet the needs of service users, availability of current policies and procedures, provision of staff training and systems in place to ensure unnecessary risks to the health and welfare of service users are identified, managed and where possible eliminated.

Two recommendations made within this domain related firstly to the recommencing recording of staff training within the matrix to provide ease of access for monitoring/audit purposes and secondly to the provision of ‘seven step’ hand washing notices within Sperrin House.

Is care effective?

Evidence on the provision of effective care was gained from discussion with staff, service users, care records examined, minutes of service users meetings, minutes of staff meetings, audits conducted, monthly monitoring reports and completed satisfaction questionnaires returned to RQIA within the timescale.

Two recommendations made for improvement related to ensuring that care plans are dated and signed, recommendations made by professional staff are reflected within care plans and that review and revision of the layout of care plans within one of the units is undertaken to ensure that each specific identified need is aligned to recorded interventions within the care plan template.

The second recommendation related to the provision of individual service user agreements.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account their views. Responses from service users and staff who met with the inspector and satisfaction questionnaires returned to RQIA were positive in regard to compassionate care.

Care records examined reflected choices and preferences in the provision of care.

There was a range of policies and procedures in place which supported the delivery of compassionate care.

No requirements or recommendations were made in this domain.

Is the service well led?

There were examples of good practice found throughout the inspection. Systems and processes were in place to ensure that the service is delivered in accordance with the statement of purpose. Positive feedback was received from service users and staff in relation to leadership and the “open door” approach operated by the manager. There was evidence of the provision of good modes of communication, staff supervision, annual appraisal, staff meetings, service user meetings, audits of various areas of practice and availability of policies and procedures.

One area identified for improvement within this domain related to the provision of an index of hard copies of policies / procedures to provide ease of access to staff.

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	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Danny Carron, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the previous care inspection undertaken on 13 and 15 October 2015.

2.0 Service details

Registered organisation/registered person: Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	**Registered manager:** Danny Carron
Person in charge of the service at the time of inspection: Danny Carron	**Date manager registered:** 02 October 2013

3.0 Methods/processes

Prior to inspection RQIA analysed the following records:

- Previous inspection report and quality improvement plan
- Accident/incident notifications
- Correspondence.

During the inspection the inspector met with the manager, all service users, three care staff and one relative.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control
- Staff training
- Staff meetings
- Staff supervision and appraisal
- Service user meetings
- Monthly monitoring visits
- Staff duty roster
- Care records x 6
- Complaints
- Accidents/incident.
- Fire risk assessment
- Annual quality review report.

Fifteen satisfaction questionnaires were given to the manager for distribution to service users, staff and relatives and return to RQIA. Five questionnaires were completed and returned to RQIA within the timescale. Responses were all positive in relation to a safe, effective, compassionate and well led service.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 June 2016

The most recent inspection of the day care centre was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspector.

4.2 Review of requirements and recommendations from the last care inspection Dated 13 and 15 October 2015

<table>
<tr><th colspan="2">Last care inspection statutory requirements</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Requirement 1

Ref: Regulation 29

Stated: First time</td><td>The registered manager must ensure all notifiable accidents and untoward incidents as per regulation 29 are reported to RQIA in compliance with this regulation and RQIA's revised provider guidance. The notification of 30 September 2015 must be retrospectively forwarded to RQIA's Incidents Team.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection

Incident dated 30 September 2015 retrospectively notified to RQIA as requested.

The manager demonstrated awareness of accidents/incidents to be notified to RQIA in keeping with revised guidance. Notifications forwarded as required.</td></tr>
<tr><td rowspan="2">Requirement 2

Ref: Regulation 26(2)(b)(d)(j)

Stated: First time</td><td>In the interests of infection prevention and control and the health and safety of service users; the registered persons must:

(a) Make good the identified wall in the disabled bathroom located in the yellow group room.
(b) Ensure appropriate flooring is in place in the identified toilet in Sperrin House satellite unit so this can be easily cleaned.
(c) Ensure personal protective equipment (PPE) is in closed storage.

The completed QIP must state the action taken with dates for completion.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
(a) Wall repaired.
(b) Flooring issue completed on 10 November 2015.
(c) All PPE was observed to be appropriately stored.</td></tr>
</table>

Requirement 3 **Ref:** Regulation 13 **Stated:** First time	With regards to the health, safety and positioning of service users; the registered manager must ensure referrals are made to the appropriate professionals regarding two identified service users in Sperrin House satellite unit. If the outcomes of the respective professional's assessments indicate changes or adaptations to the environment (concerning service users with a visual impairment) are needed; these must be put in place and the necessary equipment provided. The completed QIP must specify the action taken as a result of both matters above.	**Met**
	Action taken as confirmed during the inspection: Appropriate referral was made to the physiotherapist. Recommendations made were put in place.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 4.4 **Stated:** First time	The registered manager should ensure systems are in place for the review of all service user's assessments on an annual basis or sooner if the individual's needs change.	**Met**
	Action taken as confirmed during the inspection: Annual reviews were undertaken as recommended. A schedule of review dates were in place.	
Recommendation 2 **Ref**: Standard 7 **Stated:** First time	The registered manager should ensure staff use objective language in service user's progress care notes. Subjective language for example: 'In good form', 'in quiet form' etc. should be avoided unless backed up with visual observations of the service user's facial expressions; body language, behaviour etc.	**Met**
	Action taken as confirmed during the inspection: Audits of care records were undertaken during staff supervision. Staff training in records/report writing was provided.	

<table>
<tr><td rowspan="2">Recommendation 3

Ref: Standard 8.5 and 23.8

Stated: First time</td><td>In relation to the minutes of service users' (standard 8.5) and staff meetings (standard 23.8), the registered manager should ensure if any action is needed, this is specified along with the name of who is responsible with a time frame. The minutes of the subsequent meeting should state if this action was taken.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The manager confirmed that minutes are now recorded on the revised template. This was evidenced in minutes reviewed.</td></tr>
<tr><td rowspan="2">Recommendation 4

Ref: Standard 13.7

Stated: First time</td><td>With regards to safeguarding of vulnerable adult referrals from Magherafelt Adult Centre and effective communication; the registered person should ensure the registered manager is updated in a timely manner about the outcome/s of the safeguarding investigation. On receipt of this information the registered manager should ensure, where appropriate, the service user's care plan is updated.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The manager confirmed that this matter had been addressed with the outcome of investigation, referred to in this recommendation, received and the service user care plan reviewed and revised accordingly.</td></tr>
<tr><td>Recommendation 5

Ref: Standard 14.10

Stated: First time</td><td>In relation to centre's complaints record; when complaints are investigated by senior line management in the Trust, the registered person should ensure the following information should be shared with the registered manager in a timely manner:

(a) a summary of the outcome/s of the investigation.
(b) if the complainant was or was not satisfied with the outcome/s.
(c) if the complainant was unsatisfied with the outcome/s, they were informed of the next step of the Trust's complaints process and this is recorded.

The centre's complaints record can then be updated by the manager and made available for inspection purposes.</td><td>Met</td></tr>
</table>

	Action taken as confirmed during the inspection: The centre retains records of complaints received. Records of complaints investigated by the senior manager all details as listed were in place. A revised template for recording of complaints was in use. If a complainant was not satisfied with the outcome of investigation information in regard to the procedure to follow would be given as reflected within the NHSCT policy.	
Recommendation 6 **Ref**: Standard 15.5 **Stated:** First time	With regards to service users with no verbal communication; the registered manager should ensure the initial and annual review reports of these individuals reflect their views and opinions of the centre. This could be undertaken via summaries of observations of their facial expressions; body language and behaviour. It is good practice for staff to seek and record the views and opinions of their carer or representatives.	**Met**
	Action taken as confirmed during the inspection: The manager and staff who spoke with the inspector confirmed that this recommendation was discussed at the staff meeting. Staff demonstrated awareness of the importance of obtaining the views of service users and where necessary their representatives. Examination of three care review. Reports evidenced that views and opinions were sought.	
Recommendation 7 **Ref**: Standard 25 **Stated:** First time	The registered manager should ensure a review of storage provision is undertaken in both the disabled bathroom used by service users, in the yellow group room and in Sperrin House satellite unit. If this review concludes additional storage is needed, the completed QIP should state the action to be taken with timescales.	**Met**
	Action taken as confirmed during the inspection: This recommendation was addressed with new storage areas and lockable cupboard provided.	

Recommendation 8 **Ref**: Standard 21 and 23 **Stated:** First time	The registered manager should ensure all of the concerns raised by the service users and the staff member are investigated, appropriate action taken and records are made accordingly of same.	**Met**
	Action taken as confirmed during the inspection: Issues were discussed at two team meetings held, 10 November 2015 and 17 November 2015. A copy of the outcome report was forwarded to RQIA. The manager confirmed that any concerns raised would be treated as a complaint or if appropriate a near miss investigated and recorded appropriately	

4.3 Is care safe?

Discussion with the manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance each day. Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users.

Competency and capability assessments of staff in charge when the manager is out of the centre were undertaken and recorded by the manager. Review of two assessments showed that assessments were signed and dated by both the staff member and manager.

The registration of care staff with the Northern Ireland Social Care Council (NISCC) was discussed with the manager. One recommendation was made in relation to undertaking a review of registrations to ensure all staff is registered within the required timescale.

Staff working in the centre each day alongside hours worked was recorded within the duty roster.

The manager confirmed that staff selection and recruitment records were held within the NHSCT human resource department and that all appointments made were in keeping with the trust policy/procedures, legislation and day care standards; all necessary documentation, including Access NI, was checked and in place before a new employee would commence work.

The manager confirmed that all care staff, with the exception of one, were registered with the Northern Ireland Health and Social Care Council (NISCC) and that registration dates were recorded. Monitoring of re-registration dates will be undertaken by the manager.

Electronic NHSCT corporate policies and procedures on staff recruitment, selection and induction were in place and available to staff.

Induction records reviewed contained a comprehensive account of the standard to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each indicator.

Mandatory staff training was discussed with the manager and staff. Training provided included adult safeguarding and whistleblowing. Staff confirmed that mandatory training and other professional development training was ongoing. Review of staff training provided was found to be cumbersome as these were held within individual staff files. One recommendation made related to the recording of staff training within the matrix available to provide ease of access to the manager for monitoring and audit purposes.

The manager confirmed that no safeguarding allegations were currently active and should any arise the correct procedure would be followed in accordance with NHSCT policy and procedure. Staff training in the safeguarding was provided on a two yearly basis. Staff who spoke with the inspector demonstrated a good understanding and knowledge of the procedure currently in place. The manager confirmed that review/revision of trust adult safeguarding was work in progress to ensure this was in keeping with Department of Health (DOH) new regional policy and procedure titled Prevention and Protection in Partnership, July 2015. The named champion for adult safeguarding is to be confirmed. Staff refresher training on the new policy is to be provided.

The manager and staff confirmed that no restrictive practice takes place in the centre. Electronic policies and procedures on restrictive practice were in place and available to all staff.

Infection protection and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included, for example; “seven step” hand hygiene notices positioned at most wash hand basins, availability of disposable gloves and aprons, provision of staff training in infection, prevention and control, and availability of electronic trust policies/procedures on infection prevention and control. One recommendation made related to the provision of ‘seven step’ notices within the Sperrin House.

The centre had a policy on risk management. Risk assessments in respect of safe working practices included for example; Control of substances Hazardous to Health (COSHH), fire safety, moving and handling, falls prevention and dysphasia. The manager confirmed that all risks identified were reflected within care plans with interventions in place to minimise the identified risk.

An inspection of the centre was undertaken. All areas were observed to be clean, tidy, fresh smelling, organised and appropriately heated. COSHH substances were noted to be securely stored. All fire doors were closed and exits unobstructed.

The centre’s fire risk assessment was reviewed on 16 April 2016. No changes had occurred since the previous assessment. Weekly and monthly fire safety equipment checks were being recorded when checked. Fire safety training and fire drills were provided and recorded.

The manager and three care staff who met with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided and ongoing. Staff also explained that there was very good multi-professional working in the planning and monitoring of care.

Service users who met with the inspector indicated that attending the centre was essential to them and how the activities, support provided and meeting up with their friends at the centre were important to them.

Analysis of completed satisfaction surveys returned to RQIA within the timescale provided evidence from service users, staff and relatives that they were satisfied that the care provided was safe. No issues or concerns were recorded.

Areas for improvement

Three recommendations made within this domain related firstly to recommencing recording of staff training within the matrix to provide ease of access for monitoring/audit purposes and secondly to the provision of 'seven step' hand washing notices within Sperrin House Satellite Unit. The third recommendation related to undertaking a review of staff registrations with NISCC to ensure all staff is registered within the required timescale.

Number of requirements	0	Number of recommendations	3

4.4 Is care effective?

Three service users' care records were provided by the manager for review. These were found to be in line with legislation and minimum care standards including, for example; holistic health and social care needs assessments which were complemented with risk assessments; person centred care plans and regular records of the health and wellbeing of the service user were contained within care records examined. Records of reviews were in place which included participation of the service user and where appropriate their representative. There was recorded evidence of multi-professional collaboration in planned care. Discussion was held with the manager and day care worker within one of the units in relation to the care plan layout and the linking of specific identified needs with interventions to meet the need. This is not to say that needs were not identified rather the recording layout was unclear. It was agreed that the day care worker would review the recording method/layout of care plans.
Recommendations made related to the following:

- Undertake an audit of care plans to ensure these are dated and signed by the service user or representative, the staff member and registered manager. Should a service user or representative be unable or refuse to sign this should be recorded.
- Ensure professional staff recommendations made are reflected within care plans.
- Review and revise the layout of care plans within one of the units to ensure that each specific identified need is aligned to interventions required to meet the need.

The behavioural management plans were discussed with the manager and staff. Care management plans were noted to be comprehensive with interventions reflected within care plans. Regular reviews of care was recorded.

Care records were stored safely and securely in line with data protection.

The provision of individual service user agreements was discussed with the manager. One recommendation was made in regard to the development of an individual written agreement for service users, in keeping with standard 3 of the Day Care Settings Minimum Standards.

The manager explained the systems in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including: discussions with staff and service users, care records examined; minutes of service users' meetings, minutes of staff meetings, information notices displayed, excellent makaton signage/information and photographs of various activities and social events.

Staff confirmed that the modes of communication in use between the staff team, service users/representatives and other stakeholders were effective and that communication was enhanced through the "open door" arrangements operated by the manager and senior staff.

Service users who met with the inspector confirmed they were aware of whom to contact if they had any issues or concerns about the service and that staff were approachable and always willing to help and provided assistance when required.

Service users meetings were being held on a regular basis with minutes recorded and retained. Minutes reflected consultation with service users in regard to the day to day arrangements within the centre.

The manager explained the arrangements in place to facilitate ongoing and meaningful audit programmes. Audits undertaken included: fire safety, care records, accident/incident.
An annual quality survey was conducted during 2015 with analysis conducted by the trust governance team. The manager explained that a service user satisfaction survey on meals, transport staffing and the environment was undertaken during 2016. The analysis of this survey was work in progress.

Analysis of completed satisfaction surveys returned to RQIA from service users, staff and relatives provided evidence that they were satisfied that the care provided was effective.

Areas for improvement

Two recommendations for improvement were made within this domain.

One recommendation made related to ensuring that care plan are dated and signed and that recommendations made by professional staff are reflected within care plans. The second recommendation made for improvement related to the provision of individual service user agreements.

Number of requirements	0	**Number of recommendations**	2

4.5 Is care compassionate?

The manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings examined.

There was a range of policies and procedures available to staff which supported the delivery of compassionate care.

Observation of staff interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users' needs were acknowledged and recorded.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities noted within care records, service user meetings and reviews of care.

Service users confirmed that they were consulted and felt very much involved about arrangements within their centre. Comments from staff, service users and one visitor were very positive in regard to the service provided. No issues or concerns were raised or indicated in this regard.

Analysis of completed satisfaction surveys returned to RQIA following the inspection provided evidence that service users, staff and relatives were satisfied that the care provided was compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Danny Carron, the Registered Manager of the centre explained that he was very well supported in his role by the locality manager who provided supervision each month and visited the centre on a regular basis. At operational level support was provided by a mixed skill team of care and ancillary staff.

There was a defined organisational and management structure that identified the lines of responsibility and accountability of staff within the centre. Information in this regard was reflected within the statement of purpose and service user guide.

The centre's current RQIA registration certificate was displayed in a prominent position. The manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

There was a range of NHSCT electronic corporate policies and procedures to guide and inform staff. Several policies were also held in hard copy format. Staff demonstrated awareness of policies including the policy and procedure relating to whistle blowing and adult safeguarding. One recommendation made related to the development of an index of hard copies of policies/ procedures to provide ease of access to staff.

The centre had a comprehensive corporate complaints policy and procedure which was known by staff who met with the inspector. Leaflets titled "Your views matter" were displayed in various locations within the centre. Records of complaints received were reviewed and discussed with the registered manager. Complaints recorded were noted to be managed and resolved satisfactorily.

Several complimentary letters and cards received from relatives and service users were displayed.

The centre had an accident/incident policy which included reporting arrangements to RQIA. Accidents and incidents were noted to be effectively recorded within the corporate electronic datix system. Information entered into the system is passed electronically to the locality manager and the NHSCT governance team who have responsibility for monitoring and audit. The manager confirmed that feedback is received in this regard with trends and patterns identified and further action required if necessary and when necessary learning from accidents/incidents was disseminated to all relevant parties. Audits of accidents/incidents were undertaken and recorded by the manager.

The manager demonstrated knowledge of the procedure to follow regarding notifications of accidents and incidents to RQIA. Notifications received since the previous inspection was discussed with the manager. These had been recorded and managed satisfactorily.

Monthly monitoring visits were being undertaken on behalf of the registered provider as required under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports were available to service users, relatives, staff, trust representatives and RQIA.

Staff confirmed there were effective working relationships with internal and external stakeholders. This was also evidenced within care records examined. Staff confirmed that the manager operated an “open door” policy and that staff meetings, supervision and appraisal were provided and ongoing. Discussion with staff confirmed that there were good working relationships within the team and that the manager was always responsive to suggestions and/or concerns expressed.

Areas for improvement

One area identified for improvement within this domain related to the provision of an index of hard copies of policies/procedures held to provide ease of access for staff.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Danny Connor, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care centre. 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 web portal 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 recommendations

Recommendations	
Recommendation 1 **Ref**: Standard 18.3 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should develop an index of hard copies of policies/procedures to provide ease of access to staff. **Response by registered provider detailing the actions taken:** This is now in place from 22.03.17. Hard copies of policies and procedures updates and stored in two files in general reception office fao staff. Both files have an index.
Recommendation 2 **Ref**: Standard 21.8 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should recommence recording of staff training within the training matrix available to provide ease of access to the manager for monitoring and audit purposes. **Response by registered provider detailing the actions taken:** Training Matrix has been updated on 23.03.17, for 2017 training for mandatory and general training for all bands of staff. Matrix kept in General Office and to be updated accordingly by manger, person in charge or idenitified staff.
Recommendation 3 **Ref**: Standard 17.3 **Stated:** First time **To be completed by:** 28 February 2017.	The registered provider should undertake a review of staff NISCC registrations to ensure all care staff are registered. **Response by registered provider detailing the actions taken:** Manager has checked with NISCC and with Trust information and all care staff are now registered, or in last stages of the process of being registered with NISCC i.e. endorsed form received by NISCC.
Recommendation 4 **Ref**: Standard 5.3 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that the following improvement is made within care records: (a) Undertaking of an audit of care plans to ensure these are dated and signed by the service user or representative, the staff member and registered manager. Should a service user or representative be unable or refuse to sign this should be recorded. (b) Recommendations recorded by professional staff within risk assessments are reflected within care plans. (c) Review and revise the layout of care plans within one of the units to ensure that each specific identified need is aligned to interventions within the template.

	Response by registered provider detailing the actions taken: a. Individual file audit forms have been updated 23.03.17 and these will be completed by manager; per audits or during monitor visits. Staff advised at team building session on 23.03.17 of need to ensure signatures in place and service users views recorded. b. File audit form revised 23.03.17 will capture risk asseements being linked to care plans. This point has been discussed with team on 23.03.17. c. The layout of this particular care plan is being revised and updated as requested and will be in place by 31.03.17.
Recommendation 5 **Ref**: Standard 3.1 **Stated:** First time **To be completed by:** 30 April 2017	The registered provider should ensure that an individual written service user agreement is provided for each service user which details the services to be provided. **Response by registered provider detailing the actions taken:** The current Adult Centre transition plan will be renamed to reflect it as 'Agreement' and will updated to include required elements within Standard 3.1. This will be discussed with band 6 /7 managers on 30.03.17 and the agreement adapted with support from SLT and input from service user group.
Recommendation 6 **Ref**: Standard 27.3 **Stated:** First time **To be completed by:** 30 April 2017	The registered provider should ensure that “seven step” hand washing notices are placed within the hand washing areas in Sperrin House Satellite Unit House. **Response by registered provider detailing the actions taken:** These are now in place.

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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care