

# Unannounced Care Inspection Report

## 11 June 2019



### The Laurels' Day Centre

**Type of Service: Day Care Service**  
**Address: Dromalane Road, Newry, BT35 8AP**  
**Tel No: 02830261570**  
**Inspector: Maire Marley**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

The Laurels' is a Day Care Setting with 78 places that provides care and activities for people with learning difficulties Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust	<b>Registered Manager:</b> Carmel McGrath
<b>Responsible Individual(s):</b> Mr Shane Devlin	
<b>Person in charge at the time of inspection:</b> Day Care Worker	<b>Date manager registered:</b> 2 August 2010
<b>Number of registered places:</b> 78	

### 4.0 Inspection summary

An unannounced inspection took place on 11 June 2019 from 10.00 to 16.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

RQIA, as a public-sector body, have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

The inspection assessed progress with any areas for improvement identified 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.

During the inspection the inspector saw good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities and food provided.

Evidence of good practice was found throughout the inspection in relation to staff training, development and support, and communication between service users, day centre staff and other key stakeholders. The culture and ethos of the day care setting promoted treating the service users with dignity and respect and maximising their independence.

There was evidence of good overall governance and management systems and arrangements were in place for the registered person to formally obtain service users and their representatives' views on a monthly basis.

Service users said they felt safe in the centre and made positive comments relating to the effectiveness of care. Service users spoken with described the staff and manager as absolutely brilliant, and expressed, "We are just like a big family here, this centre could not be better." Areas requiring improvement were identified in regard to referral information, risk assessments, staffing and a store room.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

Details of the Quality Improvement Plan (QIP) were discussed with the two assistant managers 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 9 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 October 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Unannounced care inspection report dated 9 October 2018

During the inspection the inspector was introduced to all the service users, met with two service users individually and a further ten in two groups. The inspector also met with four staff and two assistant managers:

Service Users comments during the inspection:

- "The Laurels is the best."

- “I feel very safe here.”
- “The staff are just brilliant, we are like one big family here.”
- “I enjoy coming here and meeting my friends.”
- “The staff always helps you and I could go to any of them if I had a problem, but I have never had a problem.”

**Staff comments during inspection:**

- “As a team we get on really well, there is really good communication between us.”
- “I think the fact that service users are everyone’s priority makes the difference and the fact that we enjoy working here.”
- “I have regular supervision and the training opportunities are really good.”
- “I believe we give the service users great value, we give them as much choice as possible, and it’s a really good place to work, with a range of excellent activities that are geared to meet needs.”

A range of documents, policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

Ten service user and/or relatives’ questionnaires were provided for distribution. There were no questionnaires returned within the timescale for inclusion in this report.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 9 October 2018**

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 9 October 2018**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1), 14 (1) & (4) <b>Stated:</b> First time	The registered person shall improve the recording of service user’s rights in the service user’s individual records. The service users’ rights should be explicit where plans may be regarded as restrictive or feature restraint. The assessment and care plan should describe why the plan is	<b>Met</b>

<p><b>To be completed by:</b> 4 December 2018</p>	<p>considered the least restrictive plan that can achieve the best outcome for the individual service user. Any restrictive practices or restraint described in day care setting care plans should also be verified as necessary by a multi-disciplinary team who have also considered the service users best interests and potential outcomes.</p> <p>Ref: 6.5</p>	
	<p><b>Action taken as confirmed during the inspection:</b> The information outlined in the returned QIP, discussion with staff and a review of a sample of care records established that this area of improvement had been addressed.</p>	
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 December 2018</p>	<p>The registered person shall ensure all staff receive infection prevention and control training and future arrangements are in place to ensure staff receive updates within the required timescales</p> <p>Ref: 6.4</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> The information outlined in the returned QIP along with a review of staff training records confirmed that staff had received training on 27/6/2018 and 27/2/2019.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 December 2018</p>	<p>The registered person shall improve the annual service users' quality assurance report to ensure it reports on the responses accurately and fully. The report should also detail the issues raised and integrate an action plan.</p> <p>Ref: 6.6</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> The annual report for 2019 was currently in draft form and the management team discussed how the format had been improved to include issues raised, an action plan and the outcome.</p>	

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

A review of the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements was undertaken during the inspection.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff.

Discussion with the person in charge, two assistant managers and staff confirmed that staffing levels had improved recently following a period of staff absences due to unplanned leave. Management reported that the minimum staffing was nine to ten staff per day, it was noted in the main that these levels had been maintained, however in the records examined there were occasions when these numbers had not been maintained. The inspector was told that on some of these days the number of service users attending had been lower than normal and this was evident in the attendance records. Management confirmed the staffing contingency arrangements were appropriate to meet the assessed needs of service. It was agreed that should staffing levels fall below the minimum levels set out in the centre's contingency plan RQIA should be notified. This will continue to be monitored during future inspections.

Staff reported that effective arrangements are in place to support them and included induction, training, supervision and appraisals. There was evidence that any new staff receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. It was good to note that new staff were undertaking the Northern Ireland Social Care Council (NISCC) induction standards. A review of two induction records found that one record needed to be signed and dated by the person providing the induction. This was addressed on the day.

A review of staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. Management for ease of reference also maintained an electronic matrix of staff training and professional registration.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary health and safety risks. This included regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and had been reviewed in 30/3/2017, the record stated it was due to be reviewed in March 2019 however there was no evidence that the risk assessment has been revisited and this has been stated as an area for improvement. A fire evacuation was undertaken in 7/9/2018.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records from October 2018 to 11 June 2019 confirmed that all accidents and incidents reportable and those not required to be reported to RQIA had been managed in a timely and appropriate manner. Accidents records examined found that staff were recording effectively however in two incidents it was noted that the actions taken that might prevent a reoccurrence of the event had not been fully addressed. This area for improvement is discussed in Section 6.5.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS). It was good to note that care plans detailed the discussions and agreements for any restrictions such as lap belts to ensure they were necessary and in the best interests of the service users.

Staff consulted during the inspection were very aware of the impact of human rights legislation within their work and had received training on Equality, Principles of Civility, Human Rights, Values in Everyday Day Life. The following comments indicated the staffs understanding of their role in promoting service users rights:

- “Important to give service users as much choice as possible.”
- “Service users are paramount and have the right to make their own choices and decisions.”
- “As a staff member I must ensure that I follow the service user’s care plan as it details the level of assistance and support a service user requires, this ensures for example that their privacy and dignity is protected.”

Arrangements were in place to ensure service user care records and staff -personnel records were stored securely in line with General Data Protection Regulation (GDPR). This meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and help minimise the risks of abuse. Safeguarding procedures were understood by staff members who were spoken with during inspection, they confirmed that practice throughout the centre was of a high standard and that training had been provided for staff in February 2019. It was noted that the policies and procedures were in line with the regional guidance and the Trust had a named Adult Safeguarding Champion. Management confirmed that the Trust were aware of the need to prepare a safeguarding paper position.

On arrival at the centre it was noted the entrance was bright and welcoming, service users had painted flower containers in a variety of colours and were in the process of planting flowers. The centre was entering the best kept facility and hoped to be successful again in the competition.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. The standard of hygiene observed throughout the centre was found to be very good. It was noted that an area used for storage was cluttered and disorganised, confirmation was received from the registered manager that this had been addressed.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding and infection prevention and control.

## Areas for improvement

One area of improvement was identified and related to the review of the fire risk assessment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to a commitment to promote the human rights of service users.

Prior to admission each person and or their representative are provided with a service user guide that informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is included. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

Records relating to pre-admission assessments and referral information were examined during this inspection. It was noted in one service user's referral information that the assessment completed by the transition team had been undertaken in 2016, two years prior to the service user commencing day care. The information had not been updated and staff reported the information did not provide a holistic person centred assessment of the service user's needs. It is essential that that referral information and transition plans for service users include all relevant information and is accompanied by an up to date risk assessment. This information enables the centre to determine if the day care service is suitable to meet the assessed needs and is an area identified for improvement.

Staff reported that pre admission visits to schools are undertaken to enable staff to gain an overview of the service user in their day environment, it was noted there was no format for these visits, however the deputy manager reported a draft observation tool had been devised in order to achieve the maximum benefit from these visits. This tool will incorporate information that will ensure the care and support service users require is understood by staff and will be viewed at the next inspection.

There was evidence that in the main comprehensive risk assessments and safety management plans were completed for service users. It was noted in one identified care record that there was no risk assessment or safety plan for a service user who presented with challenging behaviour. Risk assessments should be personalised and include information specific to each

person and their needs and detail the level of supervision the service user requires. The inspector requested that this was addressed with immediate effect and received confirmation in writing on the day following the inspection that a risk assessment and safety plan had been completed, shared with the staff team and was available in the service user's care records. Management must ensure that as and when required, risk assessments and safety plans are implemented without delay. This was identified as an area for improvement.

Care planning documentation was in place for each service user and was written in a way that ensured care delivered was current; these records were available to relevant staff. Records examined included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each person needs, for example moving and handling, falls and transport. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan. The views of the service users on the effectiveness of the care they received were evident throughout the care records.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed. A written review report was available in files examined and included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of care documentation was undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. There was evidence to indicate that communication supported the protection and promotion of individualised and person centred care for service users.

Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

**Service Users' comments:**

- "The staff here are brilliant, I just love coming here and staff know me so well."
- "The care here is very good, we are given lots of choices."

**Staff comments:**

- “The Band 5 and managers are brilliant, very nice to approach.”
- “Staff are passionate, vigilant and aware of the things we need to report and aware of everyone’s needs.”
- “Care we deliver is very effective, I think it is because we have a great team and we all work together.”

All service users and staff consulted on the day expressed positive views on the quality of service provided; staff also expressed the confidence they had in the practice of their colleagues.

**Areas of good practice**

There were examples of good practice found in relation to audits of records, communication between service users, staff and other key stakeholders.

**Areas for improvement**

There were two areas of improvement identified during the inspection of this domain relating to pre-admission information and risk assessment and safety plans.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

This inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect, and to fully involve services users in decisions affecting their care and support.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be respectful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting’s Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring the opinions and feedback of service users are heard and addressed.

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. On the day of inspection service users were observed undertaking craft and horticultural activities and board games.

Several service users went on an outing to Newcastle and were keen to tell the inspector how they enjoyed their day and how it encouraged inclusion in the community. One service user enthusiastically described the day as “absolutely brilliant, you have to be with us to understand how much we get out of it, it’s brilliant, just brilliant.” Staff were observed providing differing levels of support to service users to enable them to participate in their chosen activity.

In discussions with service users, it was very evident that they enjoyed the time spent in the day care setting, they spoke highly of the activities they had planned and how these promoted their involvement in the community, such as visits to places of interest or education, local shops and gardening centres.

Staff were very involved in promoting people’s different interests and as previously stated service users were preparing to enter their centre for the best kept facility award, it was evident that service users had ownership of the centre.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking out before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews, monthly monitoring visits and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process and also evidenced how each person’s preferences was taken into consideration.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report 2017-2018. The person in charge agreed to submit to RQIA the 2018/19 Annual Review report when it was completed; this was currently in draft form.

A review of the records of the monthly monitoring visits found that the views of service users and their carers were sought on each occasion and reflected in the report of the visit.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- “This is a brilliant centre, I really enjoy coming here.”
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- “I have learned different things here and enjoy all that is offered.”
- “If I had any difficulties I would go to the staff or management they are all great and I know they would make time for me.”
- “The staff treat me and everyone else really well.”

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

## Areas for improvement

No areas for improvement were identified during the inspection of this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager Carmel McGrath has responsibility for four additional day centres and is based in Windsor day centre. Management presence in The Laurels day centre consists of visits from the registered manager and two deputy managers. In the absence of the registered manager a day care worker assumes responsibility for the day to day running of the centre. Records are maintained detailing the hours management are in the centre.

This inspection was facilitated by the day care worker who was the person in charge and who demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting.

During the inspection the setting's leadership, management and governance arrangements were assessed and found them to be in line with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

There was a clear organisational structure and staff consulted demonstrated knowledge of their roles, responsibility and accountability. Arrangements are in place to ensure the registered provider is kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider.

The management team discussed their commitment to driving improvement in the service and described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

A range of policies and procedures were in place to guide and inform staff, during the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern.

In discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues and the management team, they gave very positive feedback in respect of leadership and good team working. Staff stated “The team are really good and there is great support from the management team” “Management listen to your views and encourage you to develop your skills.”

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained electronically and in individual staff files. The person in charge confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

Review of staff records established that supervision and appraisal were in keeping with the minimum standards. Staff reported that they found supervision supportive and provided opportunities to discuss their responsibilities.

Examination of the complaints record found the centre had no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and of their responsibility to ensure that management were made aware of any complaints. Information on the complaints procedure was displayed in areas throughout the day centre.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care. The minutes of meetings were available to those staff unable to attend the meeting and they signed and dated the minutes to confirm that they had read them.

The inspector can confirm there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on professional registration.

The Regulation 28 monthly quality monitoring visit reports for the past three months were reviewed and found to be unannounced visits. The reports referred to accidents and incidents occurring within the month. An area for improvement was identified and related to the person undertaking the monthly monitoring visits. The officer should report on any action taken to minimise a re-occurrence of accidents/incidents and ascertain if a risk assessment and/or a safety plan is necessary.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed their views and opinions are sought during the monitoring visits.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

One area for improvement was identified during the inspection of this domain and related to the monthly monitoring visits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the day care worker and two assistant managers, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2019</p>	<p>The registered person shall ensure the fire risk assessment is reviewed within the stated timeframes. The date of the review should be detailed in the returned QIP.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Estates department have completed a fire risk assessment on 17 July 19. Certificate on file.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (b) (e)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2019</p>	<p>The registered person shall ensure that prior to the admission of a service user to the day centre:</p> <p>(a) The day care setting has obtained an up to date assessment.</p> <p>(b) The day care setting is appropriate to meet the service user's needs.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Transition team has been advised of the need to provide the day centre with the most updated assessments - emailed forwarded to the Team Leader on 26th July 19.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (1) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2019</p>	<p>The registered person shall ensure that;</p> <p>(a) Risk assessment and safety plans are in place for service users who presented with challenging behaviour.</p> <p>(b) Risk assessments are personalised and include information specific to each person and their needs and detail the level of supervision the service user requires.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Service User's risk assessment referred to during the inspection has now been updated as requested in (a) &amp; (b) and is on file .</p>

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2019	<p>The registered person shall ensure that the officer undertaking monthly monitoring visits reports on action taken to minimise a re-occurrence of accidents/incidents and ascertains if an risk assessment and/or a safety plan where necessary is in place.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This recommendation has been shared with the Head of Service responsible for the management of the Monitoring Officer via an email on 26th July 19. Registered Manager will follow up on this recommendation.</p>

***\*Please ensure this document is completed in full and returned via Web Portal\****



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