

Unannounced Care Inspection Report 24 June 2016



The Laurels' Day Centre

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Laurels' Day Care Centre took place on 24 June 2016 from 9.30 to 17.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous 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?

On the day of this inspection the day centre was found to be delivering safe care. The Trust has a robust staff recruitment and training and development programme to ensure staff are appropriately recruited and trained. Arrangements are in place to prevent and protect service users from harm and staff were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding policies and procedures. Areas for quality improvement were identified and concern the suitability of placements for young people leaving the education system and the staffing arrangements to meet their assessed needs.

Improvements were identified in the domain of "Is care safe?"

Is care effective?

There was evidence that staff respond effectively to the needs of service users and appropriate referral information, assessments and care plans, along with daily notes are maintained. A range of therapeutic activities to promote the best outcomes for service users is available.

On the day of this inspection the day care setting was found to be delivering effective care. One area for quality improvement was identified and concerns the further development of care plans.

Is care compassionate?

The Laurels day centre was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with service users provided evidence they were listened to, valued and communicated with, in an appropriate manner. No areas for quality improvement were identified.

Is the service well led?

There were examples of good practice found throughout this inspection in relation to the governance arrangements, ongoing quality assurance programmes, and good working relationships within the team. Staff confirmed that they were well supported in their roles and that good training is provided. A monitoring officer who is not directly involved in the day to day operations of the centre visits monthly and provides a report of the visits.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Carmel McGrath, Registered Manager and Maureen Carvill, Deputy 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: Southern HSC Trust/Francis Rice (Registration pending)	Registered manager: Carmel McGrath
Person in charge of the day care setting at the time of inspection: Maureen Carvill, Deputy Manager	Date manager registered: 2 August 2010
Number of service users accommodated on day of inspection: 42	Number of registered places: 78

3.0 Methods/processes

Prior to inspection following records were analysed:

- Registration status of the setting
- Review of previous inspection report/QIP dated 16 October 2015
- Check of notifications of accidents/incidents
- Written and verbal communication received since the previous care inspection did not reveal any concerns

During the inspection the inspector greeted all service users, spoke with the registered manager, deputy manager and four care staff. No professionals or service users' carers or representatives visited the centre during the inspection.

A total of 15 satisfaction questionnaires were provided for distribution to staff, service users and representatives for completion and return to RQIA on or before 11 July 2016. Three representatives and five service users returned completed questionnaires. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Supervision policy and procedure
- Induction policy
- Four service users' care records
- Complaints records
- Accident/incident records
- Service user meetings
- Staff meetings
- Staff training records
- Supervision/appraisal records
- Monthly visits made on behalf of the registered provider
- Audits
- Activities programme

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 October 2015

The most recent inspection of the establishment was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 1 July 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 28 (2)(a)-(c) (3)</p> <p>Stated: First time</p>	<p>The registered person must ensure that monitoring visits are consistently completed on at least a monthly basis, and a written report on the conduct of the day centre is prepared.</p> <p>A copy of any reports made in accordance with this regulation must be retained in the day care setting and be available for inspection at all times.</p> <p>Ref : Additional Areas Examined - 5.5.2</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The monthly monitoring reports for the months of February, March, April and May 2016 were viewed and found to report on the matters relevant to Regulation 28.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person should ensure that an evidenced based practice policy on continence management is devised and submitted to RQIA upon completion.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The policy had been submitted to RQIA as requested. Management reported that additional work to the draft policy had commenced and further amendments are being made to the document.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered person should ensure that staff induction records are reviewed and revised to include continence promotion and management of incontinence as a core staff competency.</p> <p>All staff working in The Laurels should receive evidence based training in continence promotion and the management of incontinence appropriate to their roles and responsibilities within the centre. Systems to ensure continence training is embedded into staff practice should also be implemented.</p> <p>A training update on the Trust's whistleblowing policy should be provided to staff.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Records showed that staff had received training on continence promotion on 21 September 2015 and training on 11 November 2015 on the Trust's whistleblowing policy. A review of the induction record established amendments had been made.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered person should ensure a record of unique identification is developed for each service user to ensure service user privacy is maintained. In addition the template for recording notes at least every five attendances should be reviewed to ensure it provides greater clarity of information and is more effective.</p> <p>Ref: 5.3</p> <p>Action taken as confirmed during the inspection:</p> <p>The records inspected provided evidence that each service user had been provided with a unique identification.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person should provide confirmation that all service user assessments have been reviewed and comprehensively updated.</p> <p>Ref: 5.3</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence in the records viewed that assessments had been updated.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered person should ensure when information is added to care plans, a date and signature is consistently recorded by the staff member adding additional information.</p> <p>Ref: 5.3</p>	<p>Met</p>
<p>Care documentation inspected had been appropriately signed and dated by staff.</p>	<p>Met</p>	
<p>Recommendation 6</p> <p>Ref: Standard 17</p> <p>Stated: First time</p>	<p>The registered manager should review the systems for auditing care records to assure themselves that improvements identified during monitoring have been effectively addressed.</p> <p>Ref: 5.3</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Management had introduced a case file audit sheet and reported that they randomly selected care records to review. In addition, care records are discussed at supervision and the monitoring officer samples a selection of care records on a monthly basis.</p>	
<p>Recommendation 7</p> <p>Ref: Standard 17, criterion 17.11</p> <p>Stated: First time</p>	<p>The registered person should ensure that a copy of the annual report for 2014-15 is submitted to RQIA upon completion.</p> <p>Ref: 5.4</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The requested annual report had been submitted with the previous returned QIP.</p>	
<p>Recommendation 8</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person should ensure that a record is kept on the staff duty roster of management and staff working each day in the centre and the capacity in which they worked.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Duty records viewed provided evidence that the roster had been amended to include the management and staff working in the centre each day and the capacity in which they worked.</p>		

<p>Recommendation 9</p> <p>Ref: Standard 17</p> <p>Stated: First time</p>	<p>The registered person should ensure that where a registered manager and assistant manager are providing management cover in more than one centre, suitable support arrangements are in place to identify and manage risks relating to management overload. In addition there should be on-going monitoring to ensure the management arrangements remain effective for the service(s).</p> <p>Ref: 5.4.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that the management arrangements were discussed and reviewed on an ongoing basis with senior managers. However, they reported the ongoing pressures when moving across centres continued and stated there had been no change since the previous inspection. The manager reported that the time allocated to the outreach centres was often spent replying to telephone calls or emails with limited time to catch up on management issues. There was no evidence that senior management had monitored the arrangements to ensure they were effective for the services. This recommendation is therefore restated.</p>		
<p>Recommendation 10</p> <p>Ref: Standard – Suitability of premises- existing buildings-E15</p> <p>Stated: First time</p>	<p>The registered person should undertake a review with a view to improving the dining space available for service users, in consultation with service users, representatives, staff and the trust estates department.</p> <p>RQIA should be informed of the review outcome and any changes proposed prior to these taking place.</p> <p>Ref:5.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the dining room had been undertaken and the proposals submitted to RQIA as requested. The centre had improved the space and service users that avail of packed lunches have access to the training kitchen.</p>		

4.3 Is care safe?

The Laurels' Day Care Centre provides services to a wide range of service users and over the years the needs of the services users have increased. The building was constructed many years ago and there are limitations in the design and the layout of the existing premises that can present challenges in relation to the delivery of safe care. In particular, the amount of space in activity rooms is limited. It was noted that a hospital bed was in a group room and the management team and staff reported the bed was required for a prospective service user. The arrangements and equipment required for this service user was discussed. The deputy manager spoke of the proposals to develop the large room adjacent to the PAMS room; however, these had not been progressed. To ensure that the existing premises are suitable to meet the assessed needs of the service user a review of the space must be urgently undertaken prior to the admission. The trust must inform RQIA of the outcome of the review and confirm that The Laurels day care setting is suitable to meet the assessed needs of the prospective service user.

The registered manager and staff confirmed the planned daily staffing levels for the day care centre, and reported that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for the period May 2016 until June 2016 evidenced that the roster had been amended to include the management and staff working in the centre each day and the capacity in which they worked.

The roster also showed that planned staffing levels were maintained. The arrangements to cover summer leave and term time were outlined, and on the day of inspection a member of staff was being inducted to cover term leave.

Staff who were consulted confirmed that the current staffing levels met the assessed needs of the service users. Observation of the delivery of care on the day of inspection provided evidence that service users' needs were met by the staff on duty. However, staff spoke of the changing needs of service users and the complexity of the assessed needs of service users who were transferring from the education system. They expressed their concerns that there would be insufficient staff to meet these needs and the impact this would have on the current service users.

Management should detail the arrangements implemented to ensure there is sufficient staff to meet the identified needs of those service users transferring to day care from the education system.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period of time in the absence of the manager. Records of competency and capability assessments were retained.

The SHSCT has a robust staff recruitment policy and procedure that is currently under review. The deputy manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records are retained at the organisation's personnel department.

Review of staff training files and discussion with care staff confirmed that they had received safeguarding vulnerable adult training which was undertaken in May 2016, and whistleblowing training completed on 11 November 2015. Discussion was held with the deputy manager about the arrangements to update staff on the new regional guidelines: "Safeguarding Adults – Prevention and Protection" July 2015.

Staff who were interviewed clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Management stated that there were no current safeguarding concerns ongoing. On the day of the inspection no restrictive practices were observed.

Records examined provided evidence that mandatory training along with other relevant training such as epilepsy management and MAPPA had been provided for staff.

Discussions with staff and a review of training records established mandatory training and other professional development training was provided. Staff felt they were well supported in their roles and responsibilities by the provision of individual staff supervision and annual appraisal.

Service users consulted on the day confirmed that they felt safe in the centre and this was further expressed in the five returned service users' questionnaires.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

Areas for improvement were identified during this inspection relating to the urgent review of an identified activity room, suitability of placements for young people transferring from the education system and the staffing arrangements to meet their identified needs.

Number of requirements:	2	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that the service responded appropriately to and met the assessed needs of the current service users.

A review of four care records confirmed that these were maintained in line with the legislation and standards. The centre had introduced a new format for care plans and staff expressed that they found them easy to use and all had been updated. The documents included the assessment of needs, life history, risk assessments and care plans. Care records were updated regularly to reflect changing needs. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Assessments and care plans were signed by the service user or their representative and the staff member. Discussion was held with staff and it was reinforced that the values of empowering service users to identify personal outcomes should direct care and be clearly documented in care plans. Care records examined established there was multi-professional input into the service users' health and social care needs.

Staff stated that there was effective teamwork and those who were interviewed or observed during the inspection clearly demonstrated the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with their line manager, or the registered manager if necessary.

Service users are consulted on a formal basis in service users' advocacy meetings, the annual reviews of their day care placements and the annual quality monitoring survey carried out by monitoring officer.

Discussion with the senior day care workers and review of records provided evidence of service user advocacy meetings being held regularly and this was confirmed in the records examined. The records for the months of February 2016, April 2016 and May 2016 were found to be recorded in good detail.

There had been no recorded complaints since 2013. It was good to note that information on making a complaint was in a user friendly format. Service users consulted were fully familiar with the complaints procedure and all were able to identify to whom they would report their concerns.

Five service users returned completed written questionnaires for the inspection and it was good to note all of the responses were entirely positive.

Areas for improvement

One area was identified for improvement and related to staff ensuring care documentation reflects service user's personal outcomes.

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

Service users confirmed that management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting. Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities. Staff confirmed that service users were listened to, valued and communicated with in an appropriate manner. Staff were enthusiastic about empowering service users and work had commenced to identify those service users who would benefit from day opportunities. Displayed work on the walls of activity rooms showed the emphasis on the rights of service users and staff are commended on their initiatives.

Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. The views of service users are sought during the monthly quality monitoring visits and these comments were included in the monthly reports for April, May and June 2016 which were reviewed.

Examples of some of the comments made by service users on the day of inspection are listed below:

- “I enjoy going out to golf and shopping.”
- “I like the staff; they listen to what you have to say.”
- “Staff help me here and I get to say what I want to do.”
- “I love this centre and everything in it.”
- “I like the centre but I want to move on and do other things like going to college.”

Five completed service user questionnaires contained responses that were all positive.

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?

The registered manager described the organisational structure and confirmed all staff were aware of their roles, responsibility and accountability. The registered manager was fully familiar with her role and responsibilities under the legislation. Completion and return of the RQIA Quality Improvement Plan (QIP) confirmed that the registered person in the main responded to regulatory matters in a timely manner.

Staff spoken with confirmed that they were familiar with the organisational and management structure and with their lines of professional accountability. Staff are aware of their individual responsibility in relation to raising concerns. Service users were aware of the roles of staff within the day centre and who to speak with if they wanted advice or had any issues or concerns. However, one comment in a returned service user questionnaire stated: “I don’t know who is in charge as there are two managers”.

The management arrangements were discussed. The registered manager continues to be responsible for four additional centres and confirmed this was reviewed on an ongoing basis with senior managers; however reported the ongoing pressures when moving across centres remain and stated there had been no change since the previous inspection. The manager reported that the time allocated to the outreach centres was often spent replying to telephone calls or emails with limited time to catch up on management issues. There was no evidence that senior management had monitored the arrangements to ensure they were effective for the services. This recommendation is therefore restated.

There was evidence of governance systems and processes in place to meet the needs of service users and these were being met in accordance with the centre’s statement of purpose.

A number of policies and procedures were reviewed during this inspection as referenced in earlier sections of the report. No improvements were identified on this occasion.

Systems were in place for the provision of staff supervision and support. Examination of two staff members' files showed that annual appraisals were taking place; however, individual formal supervision had not been completed every three months in accordance with the minimum standards. There was written evidence to show that staff members were appropriately qualified and trained for their designated roles. Records of staff's training were up to date and showed staff was in receipt of required training.

A record of staff registration with NISCC (Northern Ireland Social Care Council) was maintained and showed that all staff registrations were up to date.

A review of an induction record established that the day care setting was using a checklist that was signed at the end of the induction period by the manager and inductee. This would not be viewed as a robust system to demonstrate that the person is in receipt of an effective induction. The NICSC induction standards for social care staff was discussed with the deputy manager who following the inspection submitted information to state she had commenced using these standards and management were planning to discuss the use of these throughout the programme of care.

Records of quarterly staff meetings provided evidence of a range of relevant topics having been discussed and actions agreed. Staff also spoke of the support gained from daily handovers and informal discussions relating to service users' needs.

The centre had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Service users and their representatives were made aware of the process of how to make a complaint by way of the service user guide and leaflets. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The registered manager confirmed the day care centre had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. Since the last care inspection nine incidents had been reported to RQIA. Discussion centred on the revised guidance issued by RQIA and those incidents that needed to be notified to RQIA. A review of care records found an incident that had not been recorded on Datix or reported to RQIA. A recommendation is made in this regard.

Monthly monitoring visits were being undertaken in accordance with Regulation 28 of The Day Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA. The reports showed that all of the required aspects of the centre's operations were checked, with action plans

introduced to ensure that any shortcomings would be addressed within a specified timescale. Completion of monitoring action plans was revisited by the monitoring officer in subsequent visits.

Review of records and discussion with staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place.

The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns

raised. A positive working relationship between the management team and staff in the centre was evident during periods of observations.

Service users gave positive feedback in regard to management of the service and commented on the caring way in which the service was managed. Analysis of satisfaction questionnaires returned to RQIA following the inspection evidenced that service users and their representatives were very satisfied with the care provided in the centre.

Areas for improvement

Two areas for improvement were identified during this inspection and related to the reporting of an incident and the frequency of formal individualised supervision. A recommendation relating to the review of the management arrangements is stated for the second time in this report.

Number of requirements:	0	Number of recommendations:	2
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed on the afternoon of inspection with Maureen Carvill, Deputy Manager, as part of the inspection process. Carmel McGrath, Registered Manager, was further updated on 28 June 2016 via a telephone call. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 26 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person must inform RQIA of the outcome of the review of the space in the day centre and confirm the arrangements that will ensure The Laurels day centre can meet the assessed needs of the prospective service user.</p> <p>Response by registered person detailing the actions taken: Following a meeting on 4th July with the Trust's Assistant Head of Estates Development and Capital Works plans have been drawn up to provide interim additional group room space. A minor works request has been completed, approved and forwarded to Estates on 25th July. However the Trust has to prioritise all minor works requests based on the financial envelope available for minor works and the capacity to undertake the agreed work. It is not possible to give a firm commitment to when this work will be completed.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person must confirm the staffing arrangements that ensure at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.</p> <p>Response by registered person detailing the actions taken: Whilst it is acknowledged that staffing levels are appropriate to meet current service user needs recruitment is under way to appoint 2 additional day care support workers to meet the emerging complex needs of service users transferring from the education system in September 2016. One staff member is currently having pre-employment checks completed and interviews are scheduled for 13th August 2016 for the second vacancy.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 17.4</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should ensure notifiable events are recorded on the Datix system and reported to RQIA in a timely manner.</p> <p>The registered manager should inform RQIA of systems in place to audit records to ensure all incidents are appropriately recorded.</p> <p>Response by registered person detailing the actions taken: The omitted incident report was completed and submitted on the day of the inspection (24th June 2016). The revised guidelines for submission of Statutory Notifications have been shared and reinforced with staff . Incidents are reviewed and investigated by assistant managers with the staff who complete the reports. The Head of Service also receives copies of each Datix report submitted and these are discussed at the Registered manager's monthly supervision. They are also audited by the monitoring officer during each monthly monitoring visit.</p>
<p>Recommendation 2</p> <p>Ref: Standard 17</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person should ensure that where a registered manager and assistant manager are providing management cover in more than one centre, suitable support arrangements are in place to identify and manage risks relating to management overload. In addition, there should be on-going monitoring to ensure the management arrangements remain effective for the service(s).</p> <p>Response by registered person detailing the actions taken: Senior management continue to review managerial cover across all Day care units within the Trusts Locality and would welcome further discussion with RQIA in relation to same. The Trust remains satisfied that the management arrangements for Day Care services are adequate and would welcome an opportunity to discuss this further with RQIA. The Registered Manager's workload is reviewed on an on-going basis at monthly supervision meetings with Head of Service. Workloads are also collectively discussed at Head of Service and Managers bi-monthly meetings. In addition to this Managers and Assistant Managers meetings with Head of Service in each locality are being introduced. It is anticipated these will be held bi-monthly. The first meeting for management team from Laurels Day Centre is scheduled for 7th September 2016.</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person should ensure care plans detail the personal outcomes for each service user.</p> <p>Response by registered person detailing the actions taken: The Trust's Day Care Care and Risk Management Plan details Shared Goals and Outcomes and methods of working towards these goals as part of the Care Plan summary. We have reviewed the format of the Care Plan to bring this section forward alongside the identified 'Areas of Need Requiring a Care Plan'. This will be shared at our next Managers' meeting with a proposal of harmonising this format across all Southern Trust Day Centres for those with Learning Disability.</p>

<p>Recommendation 4</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person should ensure individual staff formal supervision is completed every three months.</p> <hr/> <p>Response by registered person detailing the actions taken: Outstanding supervisions have been completed with all staff and further dates for every 3 months have been agreed with staff.</p>
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