



The Regulation and
Quality Improvement
Authority

The Laurels Day Centre
RQIA ID: 11170
Dromalane Road
Newry
BT35 8AP

Inspector: Lorraine Wilson
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**Announced Care Inspection
of
The Laurels

1 July 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 1 July 2015 from 11.00 am to 16.40 hours. The service was contacted on the morning of inspection to ensure that service users and staff would be available in the centre and to advise that an inspection would be taking place at short notice.

Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	10

The details of the QIP within this report were discussed with the registered manager, Mrs Carmel McGrath and deputy manager, Mrs Maureen Carville, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern HSC Trust/Paula Mary Clarke	Registered Manager: Carmel McGrath
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Maureen Carville, Deputy Manager. Mrs Carmel McGrath, Registered Manager was available in the centre from 13.00 hours approximately on the day of inspection until the conclusion of inspection.	Date Manager Registered: 2 August 2010
Number of Service Users Accommodated on Day of Inspection: 37	Number of Registered Places: 78

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection.

At the commencement of the inspection, a poster was displayed in the day centre informing service users and their representatives that an inspection was taking place and inviting them or their representatives to speak to the inspector and provide their views of the service.

During the inspection, all service users met with the inspector in groups and one service user agreed to speak with the inspector individually and in private to specifically discuss the standards being inspected.

In addition to the registered manager and deputy manager, four staff were met individually to discuss the standards' inspected.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- monthly monitoring reports and e-mails sent regarding monitoring reports
- selected policies and procedures relevant to standard 5 and 8
- minutes of meetings of the service user group
- file records for three service users
- staff duty rotas
- staff training records including staff induction records for one staff member
- a sample of staff competency and capability assessments
- staff supervisory history
- minutes of staff meetings
- accident and incident records
- records of complaints and compliments.

Post inspection questionnaires completed by 6 service users and 4 staff on the day of inspection were reviewed and analysed.

5 The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day care service was an unannounced pharmacy inspection dated 5 February 2015.

There were no requirements or recommendations made during the inspection.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1) (a)	The registered manager must undertake a review of the staffing arrangements to ensure that suitably qualified, competent and experienced persons are working in the centre in such numbers as are appropriate for the numbers of the service users.	Met
	Action taken as confirmed during the inspection: A review of the duty roster and discussion with the registered manager, assistant manager and staff confirmed that in addition to the registered manager and assistant manager, both of whom work across other day care sites within the Southern Trust, and are not in The Laurels on a daily basis, there are	

	<p>three staff of band 5 grade, three band 4 grades and one band three grade.</p> <p>Some staff consulted indicated that there had been an increase in the number of service users attending the centre during the past year with increasing dependency needs. In addition, one male staff member was also regularly required to provide cover in another trust day centre. Staff advised that both these issues had impacted on staffing within The Laurels.</p> <p>The assistant manager confirmed that work was currently ongoing to recruit additional staff, with one staff member recently replaced and two additional people offered care positions subject to satisfactory recruitment checks.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 10 (2) (b) (i)</p>	<p>The registered manager must review the management arrangements for the day centre and ensure she is in control of all the day settings operations.</p> <p>The manager's hours must be clearly documented in the statement of purpose.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector was advised that the registered manager has management responsibility for four additional day care facilities in the trust area, and was providing registered manager cover at the centre approximately one 1/2 day per week.</p> <p>In the absence of the registered manager the assistant manager is present in the centre at least three days per week. The assistant manager also provides management cover in two other facilities.</p> <p>These management arrangements were clearly documented in the statement of purpose which had been reviewed in May 2015.</p>	<p>Met</p>

<p>Requirement 3</p> <p>Ref: Regulation 20 (2)</p>	<p>The registered manager must ensure that all staff within the centre are appropriately supervised.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Supervision records for four staff were examined and these confirmed that three monthly staff supervision sessions had taken place. The next due date for supervision was also scheduled and recorded.</p>	<p>Met</p>
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 15.4</p>	<p>Information for review should always be dated.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Two care files examined confirmed that review dates had been recorded.</p> <p>Care files are also audited regularly to identify areas for improvement both by management and during monthly monitoring visits.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 7.2</p>	<p>The registered manager should ensure that information on how to access care/support records is available to service users in a user friendly format.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The trust has in place procedures as to how information such as records can be accessed. The Laurels service user guide was revised in February 2015, and is recorded in pictorial format. Prompts are provided for service users including how to access records.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 28.4</p>	<p>A policy and procedure should be maintained regarding monthly monitoring visits.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed a procedure for the management of inspections of day centres which included procedures for monthly monitoring visits by designated trust staff. The procedure included providing staff with information on the documents required during monthly monitoring visits.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 23.3</p>	<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> • A competency and capability assessment of staff that are left in charge of the centre in the absence of the registered manager should be completed. • The assessment should reflect evidence of training and knowledge of the centre's policies and procedures. <hr/> <p>Action taken as confirmed during the inspection</p> <p>A sample of competency and capability assessments which had been completed for staff in charge of the centre in the absence of the registered manager was reviewed.</p> <p>These are completed for staff in bands 5 and 6 and include details of training which has been completed by the staff member as well as an assessment of their knowledge of trust procedures relevant to the day care service.</p>	<p>Met</p>

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

A folder containing a range of policy and guidance documents on continence care was presented during the inspection and was available for staff reference. A protocol for the promotion of continence which included information on the training and educational needs for both staff and service users was available. Evidenced based guidelines from NICE on continence related topics, information on intimate care guidelines and prevention and control of infection were also included in the folder for continence care.

There was however no continence policy available and the registered manager confirmed that the trust was developing a continence policy which was in draft at the time of inspection. The assistant manager advised that continence needs of service users who attend the centre had recently been reviewed, some of which were in conjunction with allied health professionals such as physiotherapists and occupational therapists. Confirmation was provided that the majority of service users who attend the centre require no support in managing their continence needs. A small number wear continence protection and require assistance and support but were mainly able to manage their continence care independently.

Staff consulted confirmed that service users brought their own continence products to the centre and each had their own individual plan for continence management. This was also confirmed by a service user who met with the inspector to discuss their continence care needs.

There was evidence to confirm that generally continence care and promotion was safe.

Is Care Effective?

Three service users' care records were examined during this inspection with the main focus on the management of continence care. It was noted that service user records did not include unique identification. To protect the confidentiality of service user information and ensure service user privacy this should be developed.

Assessments and risk assessments were completed by staff, and culminated in a goal based care plan being devised for each service user. Overall risk assessments reviewed were effectively recorded.

In some records examined, assessment information was due for review. This was discussed with the registered manager who confirmed that comprehensive assessments were due to be completed for all service users.

Care plans for continence management were in place and some had been updated with additional information. There had been no dates or signatures recorded when additional entries were made to care plans. This was discussed during the inspection feedback.

The care plans examined provided evidence of ongoing regular review.

A template to document notes at least every five attendances was recorded in a tick box format. From the records reviewed, assurances were not provided that all relevant information

was being recorded. To that end it was considered that the template currently in use was restrictive and was in need of revision. This was discussed with the registered and assistant manager during the inspection feedback.

It was clear from the three care records examined that service users care records were regularly audited and monitored by the assistant manager to identify areas for improvement. It could not be clearly evidenced however, that re-audits had taken place to ensure the identified improvements were made. This was identified as an area for improvement.

Management and staff confirmed that where service users have issues in relation to continence management, a day care nurse and trust continence promotion officer are available to provide awareness, support and guidance.

Staff induction records for one recently recruited staff member confirmed that continence care was not included. Discussion with the assistant manager and several individual staff confirmed that staff training in continence management within the day care setting had not yet been provided. Therefore there were no available assurances that staff had received training and knowledge on continence management. These are areas for further development.

Whilst staff had not received training, the four staff consulted individually knew the continence needs of individual service users and were able to discuss these in detail with the inspector. The staff discussed promoting dignity when assisting and supporting service users during continence care, the use of the continence product, the management of skin care and the promotion of infection prevention and control.

One service user agreed to speak to the inspector in private to discuss their care and support needs in respect of continence management. The service user demonstrated a confident insight into their care needs and continence management. Generally the service user was very positive regarding the overall service provided.

The service user did raise one issue in response to a question regarding suggested areas for further improvement. They advised that they had raised an infection control query relevant to their specific needs during a care review and was awaiting a response. This was discussed with the assistant manager during the inspection. Confirmation was provided on conclusion of the inspection that the query had been addressed in consultation with other external agencies. A verbal update on the query raised was provided to the service user on the day of inspection.

An inspection of the environment confirmed that a range of toilet facilities for male and female service users were available. There was evidence of effective signage and the toilet facilities were clean, odour free and well maintained, personal protection equipment (PPE) was also available.

There was evidence to confirm that generally the service was effective.

Is Care Compassionate?

The observation of staffs' interactions with service users, throughout the inspection period, presented evidence of a high level of compassionate care being delivered. It was evident that staff on duty knew the individual needs of service users.

The service users preferred to meet in groups to discuss their experience of the centre, and as previously stated one service user agreed to meet in private.

All who were able indicated satisfaction with the service provision, and apart from one query which was addressed during the inspection, there were no other issues raised by service users.

Throughout the period of inspection discreet observations of care practices confirmed that service users were treated respectfully and the care delivery was compassionate.

Comments made by service users consulted included:

- “I enjoy going out for walks and in the bus”
- “I would like to see more outings and like to do more art”
- “I enjoy doing the art work”
- “I like coming to The Laurels and come three days each week”

Some staff consulted advised that they would like sanitary supplies being available for service users in the event of an emergency. This should be considered.

Areas for Improvement

A number of issues which have implications for practice in relation to continence management were identified. These should be effectively addressed.

The registered person should ensure that:

- A policy on continence management which reflects evidenced based practice in continence management is devised
- Staff induction records are reviewed and revised to include continence promotion and management of incontinence as a core competency
- 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 should also be implemented to ensure training is embedded into staff practice.

Recommendations were also made in respect of the following and should be addressed by the registered manager:

- A record of unique identification should be developed for each service user to ensure service user privacy
- Confirmation should be provided that all service user assessments have been comprehensively updated
- When care plans are updated and information is added, a date and signature should be consistently recorded by the staff member adding the additional information.
- 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
- The service should review the systems for auditing care records to assure themselves that improvements identified during monitoring have been effectively addressed.

Number of Requirements:	0	Number of Recommendations:	6
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

There was good evidence that as an organisation, the trust promotes service user involvement and empowerment. A range of effective policies and procedures were in place.

Examples include the Southern Health and Social Services Trust Personal and Public Involvement Policy, which encourages service users and their representatives to have a say in the running of The Laurels.

A complaint procedure was available and records were maintained of any complaints or expressions of dissatisfaction received together with details of the actions taken. There were no complaints recorded during the period January 2014 - March 2015.

Pictorial prompts compiled by the trust speech and language department encouraged service users to tell someone if they were not happy at the centre.

Whistleblowing policies were also available and training records examined confirmed that these were included in corporate induction training for staff.

Service users have a varied range of needs, many of which are complex and which require knowledge and skills from the staff team. Staff consulted also confirmed that during the past year there were a number of service users who were new to the service, and time was needed to get to know the service users and their specific care needs.

Service users who were able confirmed they were involved in discussions about what took place in the centre. There were no negative comments received from service users during this inspection.

On the day of inspection, satisfactory management arrangements were in place and suitable numbers of staff were available to meet the needs of service users. Many of the staff including the registered manager and assistant manager had worked in the centre for many years. One staff member consulted was undertaking an induction period at the time of inspection.

Management discussed the challenges they faced when covering more than one service, and staff also advised of increasing needs of service users. The registered person must ensure that where a registered manager and assistant manager are covering more than one service, suitable support arrangements are in place to identify and manage risks relating to management overload. This was identified as an area for improvement.

A review of the staff duty roster confirmed that there was no record of the registered manager and assistant manager's working hours at the centre being consistently recorded. To comply with criterion 23.7 of the staffing standard, a record should be kept of staff working each day in the centre and the capacity in which they worked. This criterion also applies to management, and is identified as an area for improvement.

Three staff consulted and comments recorded in staff questionnaires advised of the challenges that increased numbers of service users and increased paperwork was having on the service. Staff also expressed the view that there had been times when insufficient numbers of staff were available to meet the needs of the service.

Staff views were discussed with the registered manager and assistant manager during the inspection feedback. The assistant manager confirmed that one staff member had recently been replaced and as previously indicated; recruitment for additional staff was ongoing with two persons having been offered employment subject to satisfactory recruitment checks.

Is Care Effective

The statement of purpose which was reviewed in May 2015 included the arrangements made for consultation with service users or their representatives about the operation of the centre.

Examples of opportunities which encourage service users' involvement include:

- participation in day care events
- participation in service user groups
- participation in annual service provision questionnaire for service users and their representatives

Notices were observed on display encouraging service users and their representatives to provide their views and experience of the service to the trust.

A suggestion box was also observed on display for service users and their representatives.

A questionnaire had been issued to service users to establish the summer activities they would like to be involved in. Records of questionnaire findings were maintained, and analysis of the questionnaires indicated that going to festivals, days away, bowling and days in the park were the service users' preferences.

Service user group meetings were held regularly with the most recent meeting held on 1 June 2015. An agenda was in place and recorded minutes reflected that discussions were held regarding summer activities, outcome of monthly monitoring and an ongoing twelve week art project.

The service users who were able spoke very positively about the service, the facilities and their opportunities for involvement in contributing to the running of the centre.

Comments made by service users included:

- "I enjoy attending the centre"
- "I like the staff"
- "I like helping with the art work"
- "I love my dinner at the centre"
- "I like to tell and talk to my key worker about personal issues"

A review of service user records confirmed that review meetings had taken place. Records confirmed that service users and or representatives had been invited with some actively taken part and contributing to the review process.

The annual report for 2014-2015 has not yet been compiled. The registered manager agreed to forward a copy of the annual report to RQIA upon completion.

On the morning of the inspection, one service user group went for a walk as part of their health and wellbeing activity, whilst another group was actively involved in the completion of an art project which they had been undertaking for several weeks.

Several staff completed questionnaires which were reviewed post inspection. Generally staff confirmed their overall confidence in the systems for supervision and training.

They did however advise that whilst a trust policy in whistleblowing was in place, there had been no staff training provided in this specific topic. Staff told us that mental health and dementia training was due to be provided this year.

They also advised that an increase in service user numbers meant that space particularly in activity and dining rooms was limited. This was discussed with the registered manager and assistant manager during inspection feedback and is identified as an area for improvement.

A comment recorded by a staff member confirmed that service users were encouraged to give their views and opinions on the services provided, but comments recorded indicated that the views of service users had not always been listened to.

Generally the centre has been effective in ensuring that there is regular and consistent engagement with service users.

Is Care Compassionate?

Staff interaction with service users was discreetly observed throughout the inspection period. Examples of supportive appropriate language and encouraging tones of voice were observed, as well as good examples of service users being treated with dignity and respect. Generally written records reviewed also provided good evidence of the provision of services in a professional and compassionate manner.

Service users who were able confirmed that staff in the service provided assistance and involved them in decisions regarding care and support. All comments regarding the staff team were positive and there were no issues or concerns raised by service users during this inspection.

A record of compliments which was maintained included a range of very positive comments about the service overall.

Areas for Improvement

A copy of the annual report for 2014-15 should be submitted to RQIA upon completion as agreed.

In view of the comments recorded by staff, a training update on the trusts whistleblowing policy should be provided to staff.

Where a registered manager and assistant manager are covering more than one service, suitable support arrangements should be in place to identify and manage risks relating to management overload.

To comply with criterion 23.7 of the staffing standard, a record should be kept on the staff duty roster of management and staff working each day in the centre and the capacity in which they worked.

A plan to review and improve the dining space available for service users should be undertaken in consultation with service users, representatives, staff and the trust estates department. RQIA should be informed of the review out come and any changes proposed prior to these taking place.

Number of Requirements:	0	Number of Recommendations:	4
		*A recommendation pertaining to staff training has been incorporated into a recommendation recorded in 5.3.	

5.5 Additional Areas Examined

5.5.1 Monthly Monitoring Reports

Monthly monitoring reports were reviewed. The date of the most recent visit was recorded on 3 June 2015 and a comprehensive report was available for inspection. There were however gaps, with no completed monitoring reports available in the centre for March, April and May 2015. There was evidence that visits were undertaken as a record of an e-mail requesting copies of monthly monitoring reports for March and April 2015 was observed during the inspection.

To ensure the service is consistently monitored in accordance with legislation, a requirement was made.

5.5.2 Accidents and Incidents

Two notifications received by RQIA were discussed with the assistant manager. Confirmation was provided that both issues had been effectively addressed, one of which was completed in accordance with safeguarding procedures.

Accidents and incidents which occur in the centre were also reviewed during visits by the trust monitoring officer.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Carmel McGrath, registered manager and Mrs Maureen Carville, assistant

manager, as part of the inspection process. 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.

6.3 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.4 Recommendations

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

6.5 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and 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. 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 weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 28
(2)(a)-(c) (3)

Stated: First time

To be Completed by:
7 July 2015.

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.

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.

Ref : Additional Areas Examined - 5.5.2

Response by Registered Person(s) Detailing the Actions Taken:

The Registered Manager ensure that monitoring visits and reports are completed each month by the independent monitoring officer. Once approved and signed by the Registered Manager a copy will be forwarded to the admin officer for filing. Findings will also be discussed with staff at team meetings to ensure recommendations are actioned.

Recommendations

Recommendation 1

Ref: Standard 18

Stated: First time

To be Completed by:
31 August 2015

The registered person should ensure that an evidenced based practice policy on continence management is devised and submitted to RQIA upon completion.

Ref: 5.3

Response by Registered Person(s) Detailing the Actions Taken:

An evidence based practice policy is currently being developed within the Learning Disability Programme of Care and is in 'draft' format. The policy is being quality assured at a managers' meeting on Wednesday 26th August following which a copy will be forwarded to RQIA by 31.8.15.

Recommendation 2

Ref: Standard 21

Stated: First time

To be Completed by:
30 November 2015

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.

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.

A training update on the Trust's whistleblowing policy should be provided to staff.

Ref: 5.3 and *5.4

	<p>Response by Registered Person(s) Detailing the Actions Taken: The staff Induction programme is being reviewed to include Continence Promotion and Management of Incontinence. Continence Promotion training was previously completed in February 2011. Update/refresher training in Continence Promotion and Management of Incontinence will take place on for 21st September 2015 for all care staff provided by the Trust's Continence Management team.</p> <p>Update training on Trust's Whistleblowing Policy will be provided for all staff on 11th November 2015.</p>
<p>Recommendation 3</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</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.</p> <p>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>Response by Registered Person(s) Detailing the Actions Taken: Unique Identification Numbers have been developed and introduced with the staff team for implementation. The template for recording notes has been reviewed with staff and a draft template reflecting recording for at least every 5 attendances has been introduced for use. This will be reviewed with staff after 3 months implementation to ensure it is effective in meeting recording needs. Staff have also been reminded of the need to ensure information recorded is informative with particular reference to the objectives agreed with each service user.</p>
<p>Recommendation 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</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>Response by Registered Person(s) Detailing the Actions Taken: File audit evidences that whilst Day Care Needs Assessments have been reviewed and updated within the past 12 months there are Comprehensive Assessments which need to be reviewed and updated. Requests to have these completed as a matter of urgency within the stipulated timescale have been forwarded to the Community Learning Disability Team. The registered manager will keep this under review to ensure these are completed.</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>To be Completed by: 31 August 2015</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: This recommendation has been discussed and highlighted with the staff team. This will be kept under review through file audit, staff supervision and registered provider monitoring visits to ensure compliance.</p>
<p>Recommendation 6</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</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>Response by Registered Person(s) Detailing the Actions Taken: The file audit format has been reviewed and amended to include a section evidencing completion of recommendations, date and signatures. This is currently being piloted by the Assistant Manager in carrying out file audits. A copy of the revised File Audit template is forwarded with the QIP for reference.</p>
<p>Recommendation 7</p> <p>Ref: Standard 17, criterion 17.11</p> <p>Stated: First time</p> <p>To be Completed by: upon completion of the report and or when returning the QIP.</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>Response by Registered Person(s) Detailing the Actions Taken: The annual report April 2014 - March 2015 has been completed. A copy is forwarded with the QIP.</p>
<p>Recommendation 8</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be Completed by: 7 July 2015</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>Response by Registered Person(s) Detailing the Actions Taken: The staff duty rota has been amended to include details of management and staff working in the Centre and the capacity in which they are working on each day. A copy of the duty rota template is returned with the QIP for reference - please see attached.</p>
<p>Recommendation 9</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</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>Response by Registered Person(s) Detailing the Actions Taken: Registered Manager and Assistant Manager's presence in Centres and</p>

	workload are kept under review by the Registered Manager and Head of Service.		
Recommendation 10 Ref: Standard – Suitability of premises-existing buildings-E15 Stated: First time To be Completed by: 31 October 2015	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. RQIA should be informed of the review outcome and any changes proposed prior to these taking place. Ref:5.4		
	Response by Registered Person(s) Detailing the Actions Taken: A review of potential options will be discussed and considered with service users, staff and the Trusts' Estates department to attempt to improve the space available and enhance the dining experience for service users. The Registered Manager will inform RQIA of the outcome of these discussions and proposed changes before actioning within the stipulated timescales.		
Registered Manager Completing QIP	Maureen Carvill pp Carmel Mc Grath	Date Completed	24.08.2015
Registered Person Approving QIP	Bryce Mc Murray	Date Approved	25.08.2015
RQIA Inspector Assessing Response	Lorraine Wilson	Date Approved	26.08.2015

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