

## Unannounced Care Inspection Report 30 August and 12 September 2018



### Suffolk Day Centre incorporating 'Focus Club'

Type of Service: Day Care Service  
Address: 88 Stewartstown Road, Belfast, BT11 9JP  
Tel No: 02895042922  
Inspectors: Suzanne Cunningham and Cairn Magill

[www.rqia.org.uk](http://www.rqia.org.uk)

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

This is a day care setting that provides care for up to 80 service users daily. Day time activities; care and support is provided to services users in the main building located on the Stewartstown Road and in the Focus Club in the Glen Community centre for adults who have a learning disability. Adults attending the centre may also have other needs such as physical disability, autism, sensory impairment, dementia or behaviours that challenge. The day care setting is open Monday to Friday and is delivered by the Belfast Health and Social Care Trust (BHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Neil O'Hagan
<b>Responsible Individual(s):</b> Mr Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Neil O'Hagan	<b>Date manager registered:</b> 19 April 2018
<b>Number of registered places:</b> 80	

### 4.0 Inspection summary

An unannounced inspection took place on 30 August 2018 from 09.50 to 18.00. On the day of the inspection the manager was not present and some areas identified for inspection could not be completed in his absence. A second visit to complete the inspection was undertaken on 12 September 2018 from 09.30 to 13.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing; management of accidents/incidents; care records; communication between service users; relatives, staff and other key stakeholders; culture and ethos of the day care setting; listening to and valuing service users; taking account of the views of service users; staff supervision and appraisal; quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the staff roster; staff training and records of the same; medicines and service user consultation.

Service users were asked what they felt about Suffolk Day Centre and they gave positive feedback regarding the setting, the staff and their experiences of being in the setting. A sample of what they said about Suffolk is "safe place"; "nice place", "I enjoy coming here", "I like this centre, were all friends and help each other", "Suffolk is the best place".

The findings of this report will provide the establishment 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>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Neil O'Hagan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 27 March 2018

No further actions were required to be taken following the most recent inspection on 27 March 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.
- Incident notifications which highlighted that two incidents had been notified to RQIA since the last care inspection on 27 March 2018.
- Unannounced care inspection report and quality improvement plan from 27 March 2018.

During the inspection on 30 August 2018 the inspector met with the Assistant Manager; and nine staff. The inspector greeted and made introductions to all of the service users in the setting and more detailed discussions were had with a group of ten service users. One service users relative also gave their views for this inspection. On 12 September 2018, the second day of inspection, the inspector met with the registered manager and the receptionist/admin support staff.

The following records were examined during the inspection:

- Six service users' care records.
- Four staff personnel record.
- A sample of service users' daily records.
- The day centre's complaints/compliments record from April 2017 to September 2018.
- Staff roster information for the day of the inspection.
- Fire safety precautions.
- A sample of minutes of service users' meetings for July and August 2018.
- A sample of minutes of staff meetings for July and August 2018.
- The day centre's record of incidents and accidents since the last inspection.

- A sample of monthly quality monitoring reports from April 2018 to August 2018.
- The Statement of Purpose version 2.1.

At the request of the inspector, the registered manager was asked to display a poster for staff within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received at the time of writing this report.

Ten service user and/or relatives' questionnaires were provided for distribution; three questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector thanks the manager, service users, relatives and staff for their involvement in the inspection process.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 March 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 27 March 2018

There were no areas for improvement made as a result of the last care inspection.

## 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.**

Discussion with the assistant manager, registered manager, staff, and service users provided feedback that that they felt sufficiently competent and experienced persons were working daily

in the centre to meet the assessed needs of service users in the main setting. A review of the staffing roster on the day of the inspection revealed planned staffing levels were adhered to however the staffing rosters had not been kept therefore staffing levels prior to the day of the inspection could not be tracked. The registered manager was advised evidence of staff working in the day centre, their role and responsibilities and day to day specific arrangements for individual service users should be retained for reference and inspection, an improvement is made in this regard.

The assistant manager and staff described they meet daily to allocate staff roles and responsibilities, including which staff will support service users who have specific needs.

The registered manager was not present during the first day of inspection and the assistant manager identified herself as the person in charge. She described she had many years of experience in this role and facilitated the inspection alongside managing the day care setting. The assistant manager role and responsibility was clearly identified in the settings statement of purpose and discussion with staff and service users confirmed they knew she was in charge.

Observation and discussion with staff on duty during the two days of inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach. Overall the inspection found staff had a clear understanding of service users' needs and how those needs should be met.

The four staff files inspected found the staff had received an induction to the setting and had commenced an induction booklet based on the NISCC induction standards. Records showed staff was encouraged to reflect on their experience, learning and practice. The records encouraged staff to identify their strengths and areas they may need to develop or improve which can inform the registered manager regarding training needs, mentoring or shadowing opportunities.

The staff training matrix in place provided evidence that staff had received mandatory training including additional training relevant to their roles and responsibilities. The matrix was cross referenced with individual staff records, the RQIA training guidance for day care settings and the trust training frequencies. The inspection found staff needed updates to training, for example medicines management and the matrix did not have the most up to date information recorded on it. The records should evidence staff are trained to work in this setting safely and effectively; with update training delivered at proper intervals and this could not be evidenced on the day of the inspection. Therefore an improvement is made to ensure all staff receives the right training and training updates to work safely and effectively in this setting. This should be recorded for each individual staff member, for example in a matrix and/or individual staff records.

Discussion with staff confirmed that they felt they had received training to enable them to fulfil the duties and responsibilities of their role including promoting service users independence, promoting involvement and responding to service users behaviour safely and compassionately.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. The records inspected showed when accidents or incidents occurred in the setting, on the bus or on outings they were recorded fully and when required they were reported to RQIA. When learning was identified this was disseminated to the staff team to promote safe and effective practice.

Discussion with the registered manager confirmed that restrictive practices were required for some service users. The practices ranged from the management of the front entrance to the day centre to ensure service users left safely; increased staffing, the creation of time out spaces or individual bespoke service user activity space and behaviour management plans which described behaviour and how to divert, prevent or respond to behaviours. The examination of these arrangements revealed the least restrictive care was provided by staff at all times. When restrictive interventions or restraint were used this was recorded in detail and assessments or care plans were reviewed post incident to determine if they needed to be amended.

Inspection found one service user was given PRN (as needed) medication and the recording of this was not always consistent with the detail in the service user's medication record, assessment and care plan. The registered manager was asked to review this process and ensure recording showed when prescribed medication was given and when PRN medication was given to any service users in Suffolk. An improvement is made in this regard which also links to the need for staff to receive mandatory training and other training relevant to their role and responsibilities.

The registered manager advised that since the last inspection two incidents were screened under safeguarding. The records showed they were reported to the right people and organisations, furthermore action was taken to ensure the service users were safeguarded in day care.

Discussions with staff during the inspection found the staff were able to describe how they protect and safeguard service users in the day care setting and support them to be safe in the community. Staff said care was safe in the setting because they use their knowledge of service users to prevent incidents, good lines of communication with service users and families ensures they have access the right information and service users' care needs, staff are registered with NISCC and adhere to standards. Finally team meetings and daily discussions between staff review practice issues to ensure the right care is delivered.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. The activity rooms for the service users contained furniture to enable a range of activities to be undertaken. The setting had a kitchen, offices and bathroom facilities. The dining area was spacious and when not being used for dining was adapted for large group activities. On the day of inspection the inspector observed service users cooking, undertaking art and craft activities, listening to music and undertaking administration duties. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

Records examined identified that a number of weekly safety checks had been undertaken including fire alarm tests and fire extinguisher and fire door checks. It was noted that the last full evacuation drill was undertaken on 7 June 2018. The fire risk assessment was completed on 7 September 2017 and was due for review on 7 September 2019.

Discussion with service users, a visiting relative provided feedback they felt the care provided was safe. The service users explained one of the service users is a safeguarding champion which means they, with staff, support service users to be safe in the setting by providing information to service users when required. The service users knew who the safeguarding champion was but also confirmed they would speak to any staff if they had a worry or concern. Service users thought there was a good number of staff available to support them in the

setting that could help them. Service users said they knew what staff was available to help them and they said staff were trained so they thought they knew what they were doing. Lastly the service users said the day centre building was in good condition.

One relative described the staff as “very very good”; they would speak to the assistant manager if they had any concerns. They knew about their relatives care plan and were attending for their relative’s annual review. The relative described they had been impressed with the way staff had spent time to get to know them, develop their confidence in the setting and managed what could have been a difficult transition in to the day centre. Finally they said the day centre has an open door for them to visit at any time to assure them their relative is settled and their needs are being met.

Three service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided to service users was safe. One response from a relative raised the building should be replaced because it was not fit for purpose. During the inspection the rooms were observed to be adequate for the service users’ needs however, it is accepted the building is old and the design would not be comparable to a new purpose built day care setting.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff, planning and management of accidents/incidents.

**Areas for improvement**

Three areas for improvement were identified during the inspection in relation to the staff roster; staff training and records of the same; and medicines.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

**6.5 Is care effective?**

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

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Six service users’ individual files were inspected. They contained referral information; service user agreements, day care setting assessments; individualised care plans with activity plans; moving and handling risk assessments; nutritional risk assessments, continence and transport assessments and multi-disciplinary assessment information, such as Speech and Language Therapy (SALT) assessments as necessary. Care plans inspected were noted to be comprehensive, and described the service users’ needs and plan in a person centred way. Overall the records clearly and concisely described service users’ needs.



The inspection did find one service user's records were not entirely consistent with the external professionals' assessments. The assessments were more recent than the day care records. Post inspection the day care setting contacted the multi-disciplinary professional group to clarify the recent assessment outcomes, this concluded assessment information was not consistent across all professionals and a review of information will be undertaken to ensure the service users' needs are consistently recorded and ensure they receive the right care.

The inspection found key documents were being used by staff to ensure the right care was delivered by staff such as communication passports, place mats, schedules and person centred care plans. The use of this person centred documentation is commended.

There were systems in place to review service users' placements within the setting to ensure it was appropriate to meet their health and social care needs. There was also evidence of initial and annual care reviews in partnership with the service user and/or their relative and where necessary the social worker or care manager. Service user involvement in the review process was noted, they were supported to complete a questionnaire in preparation for the review and if they attended they were sought and recorded.

The discussion with staff found the daily care recording had been maintained and they discussed the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice. They also discussed the importance of ensuring that care recording was accurate and timely to ensure care and support provided was safe and effective. Staff stated they use email to communicate with the whole team because they are a big team and this ensures information reaches everyone. They described care was effective and gave an example when staff reflected on incidents in the lunch hall in which they noted a change in routine could remove the risk of future incidents which was implemented and has proven to be effective. Staff did identify the time spent recording had increased and they felt some documentation that they needed to complete was duplication. This was reported to the registered manager to review with staff.

Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs. Through discussion with staff on a walk around the setting staff discussed their awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement. They also identified service users were individuals whose independence and opportunities in the setting needed to be promoted and supported. Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications. The inspector observed interventions that were proactive and timely

Service user care records were noted to be well organised and stored safely in paper form and stored in the trust PARIS recording system. It was positive to note that file audits of a number of care records had been undertaken which assured the staffs recording and management of service users information was in accordance with minimum standards and trust policy and procedures.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was effective. Service users said staff help and protect them. The service users said they were aware staff assessed their needs and developed a plan of how the needs will be met in day care which is reviewed with them annually.

Three service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was effective.

### Areas of good practice

There were examples of good practice found during the inspection in relation to care records, communication between service users, relatives, staff and other key stakeholders.

### Areas for improvement

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

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

Observations of staff interactions with service users noted staff were compassionate, caring and timely. Notice boards, displays and an information screen used to inform the service users which staff/volunteers were on duty, the available menu and activities. The rooms in the setting displayed service users' work and pictures of interest. During the inspection service users were observed being afforded choice, dignity and respect when their specific needs were being met or during group activities.

Staff spoken with explained the staff facilitates a members committee and communication groups in the setting and meetings with other day centre service users to involve them in the delivery of day care in the trust. Samples of minutes from service user meetings were reviewed for 2018. The minutes reflected service users being consulted about keeping safe, activities, transport and meals.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff described there was also informal arrangements in place that ensured service users were consulted and their views and opinions were sought on a daily basis. Consultation with service users and when appropriate and their relatives was recorded in service users individual records and were used to inform the assessment, care planning and review process.

On the day of inspection, a variety of different activities were being delivered from outings, to cookery and craft activities. Observations of service users showed that service users present participated enthusiastically in the activities provided. A review of the day care activities programme evidenced a varied programme, which included outings, gardening, participation in projects, education activities, social activities, and music.

During the day service users were given refreshments and lunch. At lunch time the dining room was noted to be well staffed and service users place mats were in place where necessary. The food being served on the day presented as appetising and service users were offered choices of drinks. Staff also ensured the SALT recommendations for service users were adhered to by allocating staff to support service users.

During the inspection the inspector observed service users approaching staff freely, communicating their needs and making requests; staff responded by meeting the requests and supporting service users when necessary.

Service users spoken to said they can freely ask staff questions and one service user said their favourite activity in day care was outings to Lady Dixon Park. Overall the service users said they liked attending the day centre.

The annual service user/relative quality assurance survey was requested and the registered manager explained the trust had undertaken an appreciative enquiry with service users. He explained this was a consultation over months with service users about day care services in BHSCT and was undertaken by staff outside of the day care setting. However no evaluation or outcome report was available for inspection. Service user annual consultation should be in place to ensure service users have an opportunity to comment on the quality of care and services provided. An improvement is made to ensure arrangements are in place in this regard and the feedback is used to improve the day care setting.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

#### **Service users' comments:**

- "I like everything."
- "It's a place for families to be supported."
- "Very special to me."
- "Good fun."
- "I like the centre."

Three service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was compassionate. One wrote "Suffolk day centre is a marvellous day centre and the staff are so nice..... is happy, enjoys going to the centre to see friends and do activities that are laid on".

#### **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**

One area for improvement was identified in this domain in relation to service user consultation during the inspection.

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

### 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 day care setting's registered manager had been in post since 2017, the staff referred to the old manager however they also acknowledged the influence and changes the current registered manager had on the setting since commencing his post.

The Statement of Purpose for the day care service was provided for this inspection, this revealed the number of service users described was not consistent with the settings registration. The manager was asked to revise the statement of purpose accordingly or update their registration with RQIA. Other than this the document clearly described the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

The registration certificate was up to date and displayed appropriately.

Discussion with the staff found they were aware of their roles, responsibilities and accountability. Discussion revealed they had proactively improved individual service user's opportunities in the day care setting. For example making sure plans were in place for individuals that were the least restrictive, involving other professionals and family members in getting the right support outside of the setting, engaging service users in activities that supported their independence and using team discussions to ensure service users were getting the right care in the right place. The staff are commended for their person centred approach to providing care and advocating for service users' needs to be met in and outside of the day care setting.

A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager and senior management, as needed.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the registered manager and assistant managers.

There was evidence that staff meetings were held on average monthly and records were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions were recorded within the minutes. The inspector advised the registered manager that actions agreed should include a quality improvement focus and should be recorded in an action plan. The manager agreed to action this.

A complaints and compliments record was maintained in the day centre. There had been nine complaints recorded since the previous inspection. The complaints and compliments were made available for review and evidenced trust policy and procedures had been followed to resolve complaints and compliments reflected the high level of satisfaction with the service provided.

Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose. An annual and monthly audit of the complaints and compliments record had been undertaken by a senior manager of the service and staff reviewed each complaint to identify if any preventative measures can be put in place to prevent reoccurrence.

The inspector reviewed the monitoring arrangements and records which were in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the trust and were available for inspection. These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The monthly quality monitoring reports since the previous inspection were a mix of announced and unannounced visits and the format of the reports adhered to RQIA guidelines, evidenced engagement with service users, staff and professionals, with positive feedback recorded. Action plans were identified, carried forward and reviewed as part of each subsequent monthly monitoring visit.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff which was available on the trust intranet site, staff advised they can access this as needed.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users. The discussion with staff, the registered manager and observation of care confirmed that the staff were promoting service users involvement, opportunity, independence and seeing their views when possible. Equality was addressed with staff through their training, team meetings, supervision and appraisal process.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was well led. The following is a sample of comments made:

**Service user comments:**

- “Neil (manager) is a great worker”
- “This is the best centre in the whole world, staff are very good”

- “Our staff are very good with people to help each and everyone of us”
- “The staff all have jobs to do”

#### Staff’ comments:

- “I love it here, the service users go out with a smile on their faces. There is good support and were one big happy family”

Three service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was well led.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, quality improvement and maintaining good working relationships

#### Areas for improvement

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

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Neil O’Hagan, Registered Manager, 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 Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2018</p>	<p>The registered person shall ensure records are available for inspection that show the number of staff working in the day centre daily, their role and responsibilities, and day to day specific arrangements for individual service users and who is in charge of the setting.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>To meet this area of improvement, the registered person will ensure copies of the Daily Rotas are available showing the number of staff working in the day centre, their roles and responsibilities and day to day specific arrangements for individual service users, including who is in charge. These are now kept in a specified file in the managers office</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2018</p>	<p>The registered person shall improve training arrangements in Suffolk and ensure all staff receives the right training and training updates to work safely and effectively in this setting. Training should be recorded for each individual staff member, for example in a matrix and/or individual staff records.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>To meet this area of improvement, the registered person has improved training arrangements and training updates. Training is recorded for each individual staff on a training matrix has.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2018</p>	<p>The registered person shall review the process, recording and administration of PRN medicines for all service users who may be given a PRN medicine in Suffolk.</p> <p>The service user's individual records must clearly describe the circumstances when prescribed medication is to be given and when a PRN medication is to be given. Records of medicine administered must identify if a PRN dose or regular dose of medicine is given.</p> <p>The recording of the same should be audited to ensure the records are adequate and are consistent with the service user's plan.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>In response to this area of improvement the registered person has reviewed the process, recording and administration of PRN medicines, this has been shared with the management team. The service users</p>



	<p>records clearly describe the circumstances when PRN is given and when it is administered. Records identify if a PRN dose or a regular dose is given. Recordings are audited daily by centre management. PRN guidelines for the relevant service users have been updated</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2018</p>	<p>The registered person shall improve arrangements in place with regard to the service user annual consultation. Arrangements must be in place to gather service users views annually regarding the service and the feedback should be used to improve the day care setting.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> In response to this area of improvement, the registered person has forwarded a copy of the Appreciative Inquiry Service User questionnaire, a copy of the service user group's Talking Mats and their answers, along with a copy of the service users DREAMS AND WISHES which was captured by the Genie Wishes form, to the service users. This is work in progress regarding how the service users see the future of their daycare.</p>



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