



The Regulation and  
Quality Improvement  
Authority

Carlisle Day Centre  
RQIA ID: 11180  
2 Carlisle Terrace  
Belfast  
BT15 2PR

Inspector: Louise McCabe  
Inspection ID: IN23314

Tel: 02890639800  
Email: [colin.morgan@belfasttrust.hscni.net](mailto:colin.morgan@belfasttrust.hscni.net)

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**Unannounced Care Inspection  
of  
Carlisle Day Centre**

**04 August 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 04 August 2015 from 10.00 to 17.00. 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.

For the purposes of this report, the term 'service users' will be used to describe those attending Carlisle Day Centre.

### 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 |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 3            | 5               |

The details of the QIP within this report were discussed with the Name and role as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

|  |  |
|--|--|
| <b>Registered Organisation/Registered Person:</b><br>Belfast HSC Trust/Mr Martin Joseph Dillon   | <b>Registered Manager:</b><br>Mr Colin Thomas Morgan |
| <b>Person in Charge of the Day Care Setting at the Time of Inspection:</b><br>Robert McAuley, day care worker for most of inspection<br>Ms Fionnuala Breslin, Acting Manager and<br>Ms Fionnuala McClelland, Assistant Service Manager towards the end of the inspection | <b>Date Manager Registered:</b><br>27 February 2015  |
| <b>Number of Service Users Accommodated on Day of Inspection:</b><br>23  | <b>Number of Registered Places:</b><br>30            |

### 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 were used in this inspection. Prior to the inspection, the following records were examined:

- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from the care inspection undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with seventeen service users and had discussions with four staff (two day care workers and two care assistants) and two carers.

The following records were examined during the inspection:

- Two Complaints and 14 compliments
- Six accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Six service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Five monthly monitoring reports.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 24 April 2014. The completed QIP was returned and approved by the care inspector.

| Previous Inspection Statutory Requirements                  |   | Validation of Compliance |
|---|---|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 26(2)(b) | The main entrance doors to the centre seem to be unfit for purpose, having significant gaps at the top and bottom and having required various adjustments to maintain their ease of opening. They should be upgraded to be in keeping with other recent improvements to the centre. | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>A new wide automatic entrance door has been installed. This is operated by a swipe card system used by staff.  |                          |
| <b>Requirement 2</b><br><br><b>Ref:</b> Regulation 26(2)(b) | The registered person must ensure the blistered patch on the wall below the extractor fan in the identified WC is made good.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>The identified area of wall has been made good.  |                          |

| Previous Inspection Recommendations                     |  | Validation of Compliance |
|---|--|--------------------------|
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 7.5 | There were several periods of ten or more days between entries in the service users' records. The frequency of recording should be increased in keeping with the standard.                                   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>A random sample of the care notes of six service users were reviewed by the care inspector. These were completed in accordance with standard 7.5. |                          |

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|--|--|------------|
| <b>Recommendation 2</b><br><br><b>Ref:</b> Standard 6.8  | Service users' care plans were fairly comprehensive, but did not specifically address the issue of Deprivation of Liberty, (Ref: DoLS Guidance, DHSSPS 2010). This should be added to each service user's record and for discussion at reviews.  | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>Discussions with the day care worker responsible for the centre in the absence of the manager informed the inspector all service user's care plans have been reviewed to take account of the Deprivation of Liberty Safeguards (DoLS). Six care plans were randomly sampled and contained information on the current keypad system on the entrance door and the reasons for this. |            |
| <b>Recommendation 3</b><br><br><b>Ref:</b> Standard 17.2 | Given the growing demands on staff members to record and communicate electronically, the Trust should re-assess the needs for computer equipment in the centre and make provision accordingly.   | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>A new computer was provided for day care workers in the centre.   |            |
| <b>Recommendation 4</b><br><br><b>Ref:</b> Standard 27.7 | There was evidence to indicate that phones are not best placed in the centre to facilitate staff members' access to them, when working directly with service users. It may be beneficial to provide at least one cordless or mobile phone for staff use in order to overcome this difficulty.  | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>One new cordless telephone was purchased for use in Carlisle Day Centre. The Trust issued the centre with a mobile in the interim period until the cordless telephone was received.   |            |

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

### Is Care Safe?

The day service has Trust corporate policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff.

The Trust's policies and procedures regarding standard 5 were:

- Promotion of Continence Policy
- Procedure on Toileting and Continence Management Guidelines for Continence promotion in day care services
- Procedure on care plans.

During the inspection the day care worker was unable to provide the inspector with the Trust's policies on Assessment, Care Planning and Review and Promotion of Continence as per appendix 2 of the Day Care Settings Minimum Standards. The Trust's Promotion of Continence policy was later emailed to RQIA on 5 August 2015.

The centre's procedure on Toileting and Continence Management had been reviewed on 24 June 2014 referred to 'toileting' and 'toileted.' This language should be avoided as it could be seen as disrespectful; other more appropriate wording should be used. The procedures referred to the service user's right to be treated with dignity and respect, to encourage their independence and discussed their right to individuality and privacy. The procedure did not incorporate the use of personal protective equipment (PPE); infection prevention and control; training for staff on core values. Where an individual needs staff support and assistance with their continence needs, the centre's procedures should reflect this. This is an area for improvement.

The procedure on care plans given to the inspector had been reviewed on 11 April 2012. Standard 18.5 states policies and procedures are to be systematically reviewed on a three yearly basis. This is an identified area for improvement.

A number of service users attending Carlisle Day Centre have a diagnosis of dementia or have debilitating physical conditions which result in limited or no verbal speech. Staff, where appropriate and safe, encourage and enable service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach underpinned by strong core values was used with service users.

With regards to continence promotion, discussions with care staff conclude there are an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users able to verbally articulate their views and opinions concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserve their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Service users stated care staff know them very well. No issues were raised.

It can be concluded care was safe in Carlisle Day Centre.

### **Is Care Effective?**

The care inspector reviewed six service user's care plans and focused on the quality of information pertaining to continence promotion and support. Care plans were reviewed by staff with service users on a systematic basis or when changes occur. The statement of purpose details an overview of the information that should be included in a service user's care plan.

Discussions with two care assistants concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users who have a cognitive or hearing impairment. Staff described how they ensure service user's privacy and dignity were respected; and were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users have a preference regarding the bathroom they use. Discussions with staff conclude they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

The care inspector's review of six service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. However, improvements were needed to ensure the personal care/continence sections in care plans fully reflect the service user's needs and preferences. This is because the information in the identified care plans did not contain some information relayed to the care inspector by staff concerning the process of how they provide support and assistance with service users. Where relevant, the revised care plans should reflect:

- How the service user is approached
- The language used by staff
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

It can be concluded care was effective in Carlisle Day Centre.

### **Is Care Compassionate?**

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

The inspector met with a total of seventeen service users, mostly in small groups around tables in the dining room and individually with others. A number of service users were unable to verbally communicate with the care inspector but observations of their facial expressions; body language and behaviour indicated they were comfortable and at ease in the centre. Observations of interactions between service users and care staff reflected they were treated with respect and kindness. Discussions with nine service users concluded staff were sensitive and respectful if they need support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

It can be concluded care was compassionate in Carlisle Day Centre.

## RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

| Questionnaire's issued to | Number issued | Number returned |
|---------------------------|---------------|-----------------|
| Staff                     | 8             | 3               |
| Service Users             | 8             | 4               |

The care inspector's review of the questionnaires evidenced all of the service users had circled the very satisfied sections regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. No qualitative comments or areas of concern were recorded.

Completed staff RQIA questionnaires stated they were either very satisfied or satisfied with:

- the training received by the Trust in core values;
- communication methods;
- mental health including dementia;
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

The care inspector's overall assessment of this standard shows the quality of care to be compassionate, safe and effective.

### Areas for Improvement

Three identified area for improvement is needed regarding RQIA's review of standard 5. These concern the review of:

1. The personal care and continence information in service user's care plans to ensure they fully reflect the specific staff support and assistance needed.
2. Storage and labelling of service user's boxes of personal care and incontinence products.
3. Review of the centre's procedures on continence promotion.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>3</b> |
|--------------------------------|----------|-----------------------------------|----------|

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support, has been substantially met.

### 5.3 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?

The day service has Trust corporate policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff. The following procedures were in place:

- Procedure on Planning and Reviewing Programmes and Activities
- Service User Involvement in the Day Care Service
- Communications Procedure with Service Users and Carers
- Service User Involvement.

Discussions with seventeen service users, four staff, two carers and the manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector's review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care is delivered in Carlisle Day Centre.

### **Is Care Effective?**

Discussions with the manager, seventeen service users and review of documentation show management and staff actively encourage service user involvement in all aspects of their work. It was acknowledged by the inspector this can be challenging for management and staff as many of the service users attending the centre were unable to verbally express their views and opinions due to the nature of their mental and/or physical health.

Examples were given by service users who were able to verbalise their views and opinions of how staff ensured these were obtained for example: there is a suggestion box in the reception area; informal discussions with staff, service user meetings; annual quality assurance surveys and their annual review of their day care placement.

The centre's procedures on service users meetings stated these were held on a quarterly basis. The minutes of three service users meetings which had taken place on 27 October 2014; 10 February and 26 May 2015 showed these were qualitative and informative. They contained an agenda, the names of the service users who attended, a summary of discussions and details of who would be taking action. There was evidence that service users views and opinions are sought and form the basis of all discussions.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of six service user's annual review reports took place during this inspection. Three of the six review reports contained either the service user's or their representative's views and opinions of the day service; three did not. This is an identified area for improvement.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to 28 service users and their representatives in February and March 2015. The surveys encompassed the following areas:

- Quality of care
- Fire safety
- Cleanliness of environment
- Overall atmosphere

- Choice of social and recreational activities
- Quality of meals
- Seasonal events
- Quality of info re. health and social care needs
- Meeting individual's needs and preferences
- Procedure for making complaints
- Transport re. length of journey time & suitability
- Would you recommend the centre to other people.

Twenty one completed questionnaires were received. An evaluation report had been completed, it was informative and contained the numbers of responses made to each question under 'very satisfied', 'not at all' or 'not answered'. A summary of qualitative comments were included. There were no areas for improvement identified. A survey on the quality of the centre's activities had been distributed in September 2014.

### **Complaints**

Since the previous care inspection, two complaints had been recorded in the Carlisle Day Centre's complaints record. These had been investigated and the complaints record was being maintained in accordance with minimum standard 14.10.

Discussions with service users who were able to articulate their views and opinions concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

### **Compliments**

Fourteen compliments had been recorded in the centre since previous inspection, thirteen of these were positive comments made in received Christmas cards and one was a thank you card.

### **Monthly Monitoring Reports**

The monthly monitoring reports prior to March 2015 were retained in the centre's file. Monthly monitoring reports from March 2015 were not made available on the day of the inspection. This was an identified area for improvement. The day care worker informed the inspector monthly monitoring visits of Carlisle Day Centre had been completed and would be emailed to RQIA. These were received on 5 August 2015. The monthly monitoring reports were qualitative and informative and reflected the views and opinions of service users and their carers/representatives.

The inspector concludes the quality of care provision in Carlisle Day Centre is effective, however improvements are needed concerning the recording of service user's views and opinions or where appropriate those of their carer/representatives in initial and annual review reports about their day care placement.

### **Is Care Compassionate?**

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

The inspector met with a total of seventeen service users, mostly in small groups around tables in the dining room and individually with others. A number of service users were unable to verbally communicate with the care inspector but observations of their facial expressions; body language and behaviour indicated they were comfortable and at ease in the centre. Observations of interactions between service users and care staff reflected they were treated with respect and kindness.

Discussions with nine service users concluded the quality of their lives has improved significantly as a result of their attendance at Carlisle Day Centre. Service users informed the inspector the care they receive from staff was excellent and the centre was a lifeline to them. Many stated prior to their attendance at Carlisle Day Centre, they were housebound and lonely. Several said their attendance to the centre is their only social outlet, they have made friends and they would be lost without it. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the Carlisle Day Centre service.

A sample of the comments made by service users about the day service included:

- *“I love it here.”*
- *“The staff are very good to us.”*
- *“The love coming here and meeting my friends.”*
- *“There are lots of things going on here for us, I like the bingo and music.”*
- *“It gets me out of the house and I love the dinners.”*
- *“Everyone here is kind and the staff treat us really well.”*

No concerns were raised.

### **Discussions with Carers**

The inspector met individually with two carers in the manager’s office. Both carers informed the inspector they were very happy with the quality of care provision provided to their family member. They stated communication between the centre and themselves was good. The following comments were made:

- *“The staff are very caring, they are kind and treat my mother well. I know she is well looked after here.”*
- *“I’m very happy with the care, the staff are exceptional and I’ve every faith in them.”*

No concerns were raised.

### **RQIA Questionnaires**

As part of the inspection process RQIA questionnaires were issued to staff and service users.

| Questionnaire's issued to | Number issued | Number returned |
|---------------------------|---------------|-----------------|
| Staff                     | 8             | 3               |
| Service Users             | 8             | 4               |

The care inspector's review of the questionnaires evidenced all of the service users had circled the very satisfied sections regarding the areas of 'is care safe, effective and compassionate' which related to the quality of care provision and that their views and opinions were sought. The following comments were made by service users or their representatives:

- *"I am more than satisfied with all care given by staff at the centre."*
- *"I find the staff at Carlisle Day Centre most helpful and pleasant when I leave my husband to the centre and collect him afterwards."*

It can be concluded the quality of care provision in Carlisle Day Centre is safe, effective and compassionate.

### Areas for Improvement

Two areas for improvement were identified as a result of the inspector's examination of this standard. These regarded:

1. Ensuring service user's views and opinions or where appropriate those of their carer/representative in the initial and annual review of the individual's day care placement.
2. Carlisle Day Centre's monthly monitoring reports must be retained in the centre.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>1</b> | <b>Number Recommendations:</b> | <b>1</b> |
|-------------------------------|----------|--------------------------------|----------|

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting, has been substantially met.

## 5.4 Additional Areas Examined

### 5.4.1. Accidents and Untoward Incidents

The care inspector randomly sampled six accident and untoward incident forms recorded since the previous care inspection of Carlisle Day Centre. The service's accident and untoward incident records were being maintained in accordance with regulation 29.

### 5.4.2. Management and Control of Operations

Since approximately October 2014, due to protracted difficulties in the recruiting of a manager for another Trust residential facility; the registered manager of Carlisle Day Centre has been jointly managing Carlisle Day Centre and this identified residential unit. This was to be a temporary arrangement, however due to unforeseen circumstances it has been prolonged.

Discussions with the day care worker conclude the manager was mostly based in the residential unit, however was contactable and on average was spending several hours per week in Carlisle

Day Centre. The day care worker said he was asked by the Trust to temporarily undertake the day to day management tasks until the registered manager returns to his substantive post. It is noted no additional staff cover was provided by the Trust to assist and support the identified day care worker over this lengthy period. The day care worker stated the completion of managerial and associated administrative duties has impacted on his time, significantly reducing his day to day availability to provide support and assistance to service users as per his substantive job role.

In addition to this anomaly the centre is one full time care assistant short due to long term sick leave. It is recognised several additional hours had been given to an existing part time care assistant but this leaves only one care assistant on duty with three day workers on a daily basis (one of whom is the responsible person on a day to day basis in the absence of the on-site manager). All staff stated this has been challenging for them over the summer months and they were reluctant to take annual leave which would further reduce the numbers of staff on duty.

The inspector was told a registered manager of another Trust residential facility has recently been appointed from the beginning of August 2015 to temporarily manage Carlisle Day Centre.

Based on the numbers and needs of service users attending the centre, many of whom have debilitating mental and physical health conditions; complex needs; use mobility aids and require either one or two staff with to assist with their personal care needs; the Trust must urgently review the current management and staffing arrangements in Carlisle Day Centre.

A discussion took place with the temporary manager and the assistant services manager at the end of this inspection regarding this identified area for improvement.

#### **5.4.3. Statement of Purpose and Service Users Guide**

Carlisle Day Centre's Statement of Purpose and Service Users Guide were last reviewed on 5 November and March 2014 respectively. They did not reflect the current management and staffing arrangements in the centre. In the context of the Deprivation of Liberty Safeguards (DoLS) both documents did not reflect there is a swipe card system used by staff to open the entrance door of the centre and the keypad systems on identified doors within the centre. These matters were discussed with the assistant service manager and temporary manager. Revised copies of the Statement of Purpose and Service Users Guide were received by RQIA on 21 August 2015 and now contain this information. Whilst the revised documents reflected the name and contact details of the new temporary manager, they do not specify she also manages another Trust facility and as such is not based full time in Carlisle Day Centre.

#### **5.4.4. Environment**

The inspector undertook a tour of Carlisle Day Centre. Positive comments were shared with management regarding the new entrance door and disabled access at the front of the centre. There were workmen using equipment to dig up part of the concrete areas at the front of the centre as part of the process of installing gas heating in the service.

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and reminiscence pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained.

## Areas for Improvement

Three areas for improvement were identified as a result of the inspector's examination of additional areas. These areas concerned:

1. Management and care staffing arrangements.
2. Further review of the Statement of Purpose and Service Users Guide to reflect the current management and staffing arrangements in Carlisle Day Centre.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>2</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Fionnuala Breslin, temporary manager; Ms Fionnuala McClelland, assistant service manager and Mr Robert McAuley, day care worker 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.

### 6.1 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.

### 6.2 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.

### 6.3 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](mailto: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 30

**Stated:** First time

**To be Completed by:**  
06 September 2015

With regards to the recent appointment of a temporary manager for Carlisle Day Centre, the registered persons must:

- (a) formally notify RQIA's registration team of the registered manager's absence from Carlisle Day Centre for a period of more than 28 days;
- (b) inform RQIA of the expected length of the registered manager's absence;
- (c) the arrangements in place for the running of the day centre during that absence;
- (d) the name and qualifications of the person who will be temporarily managing the day centre;
- (e) the number of days or hours per week the proposed temporary manager will be based in Carlisle Day Centre.

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

Notification has been forwarded to RQIA detailing the arrangements as required. At present the Trust is unable to clarify the length of time this recruitment process will take. Interim Manager is a registered nurse and has many years managerial experience.

#### Requirement 2

**Ref:** Regulation 20

**Stated:** First time

**To be Completed by:**  
06 September 2015

The registered person shall having regard to the size of Carlisle Day Centre and the number and needs of service users; inform RQIA of the arrangements in place:

- when the temporary manager is not onsite in Carlisle Day Centre (as she is also the manager of Ballyowen House residential unit) to cover the day care worker's position when he is undertaking management duties in the centre.
- To cover the vacant care assistant position (staff member is on long term leave).

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

Vacant care assistant position has been covered since the 24<sup>th</sup> August 2015 by agency and bank staff. We are trying to cover this by block booking a member of staff to ensure continuity of care for the service users.

The temporary manager is ensuring that she is onsite for a minimum of 15 hours a week. There are currently three Day Care workers in Carlisle who are competent to take charge of the centre in the absence

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|  | <p>of the manager.,who can be contacted by telephone when not in the Day centre. The acting manager will fulfill all necessary managements duties.</p> <p>Taking into consideration the number of service users attending the day centre, there are enough care staff to meet individual needs of service users..</p>  |
| <p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 28(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p> | <p>The manager should ensure Carlisle Day Centre's monthly monitoring reports are retained in the centre and made available for inspection purposes.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>The missing copies of the Monthly Monitoring Reports were forwarded to the RQIA inspector on 5/8/15 and copies have been kept at the centre. This folder will be kept updated by the manager.</p> |

| Recommendations  |  |
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| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 17.6 and 17.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 20 August 2015</p> | <p>The manager should further review Carlisle Day Centre's Statement of Purpose and Service Users Guide so they fully reflect the centre's current management and staffing arrangements. Copies of these documents should be forwarded to RQIA.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>The Statement of Purpose and the Service Users Guide have been updated to reflect the centre's current management and staffing arrangements. Copies were forwarded to RQIA on the 20.8.15</p>  |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 05 November 2015</p>          | <p>The manager should ensure:</p> <p>(a) all of the policies specified in appendix 2 of the Day Care Settings Minimum Standards are accessible and made available in the centre;</p> <p>(b) the centre's continence promotion procedures are reviewed and updated to reflect current best practice guidelines.</p> <p>(c) review the centre's care plan procedure (dated 11 April 2012).</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>a) All the policies specified are now accessible in the centre<br/>b) The centre's continence promotion procedures have been reviewed and updated to reflect current best practice guidelines.<br/>c) The centre's care plan procedure has been updated</p> <p>Copies of the above were forwarded to RQIA on 5.8.15</p> |

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| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>Immediate and ongoing</p>   | <p>With regards to ensuring the privacy, dignity and confidentiality of service users, the manager should review the current storage of service user's personal incontinence products. This includes consultation with identified service users to review the labelling of their boxes presently located on open shelves in the hairdressing room. This is so other service users cannot identify who the boxes belong to.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>The boxes mentioned above have been moved to a locked cupboard in the hairdressing room which ensures the privacy, dignity and confidentiality of the service users personal incontinence products.</p>   |
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>30 August 2015</p>         | <p>With regards to continence promotion, the manager should ensure the care plans are reviewed of those service users who need staff support or assistance. Where relevant, the revised care plans should reflect:</p> <ul style="list-style-type: none"> <li>• How the service user is approached</li> <li>• The language used by staff</li> <li>• If a preferred bathroom is used</li> <li>• The name and size of continence product used and where this is stored</li> <li>• The name and type of equipment used and the type and size of sling</li> <li>• The number of staff needed to provide assistance</li> <li>• The level of staff support and assistance needed</li> <li>• If a change of clothes is available and where these are located.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>Care plans have been reviewed by the manager and now contain all the above details as appropriate.</p> |
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 15.5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>Immediate and ongoing</p> | <p>With regards to the reports from service user's initial and annual reviews of their day care placement; he manager should ensure:</p> <p>(a) These reflect the views and opinions of service users or where appropriate their representative/carer.</p> <p>(b) Consideration is given to reviewing the service's initial review template.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>The service user's initial and annual reviews of their day care placement have been adjusted to evidence that they reflect the views and opinions of service users and/or their representatives/carer. Changes to the review templates have been considered. This approach will be carried out in all future reviews.</p>   |

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| <b>Registered Manager Completing QIP</b> | Fionnuala Breslin | <b>Date Completed</b> | 1/9/15  |
| <b>Registered Person Approving QIP</b>   | Martin Dillon     | <b>Date Approved</b>  | 24/9/15 |
| <b>RQIA Inspector Assessing Response</b> | Louise McCabe     | <b>Date Approved</b>  | 7/10/15 |

*\*Please ensure the QIP is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**