

# Unannounced Care Inspection Report 17 and 18 August 2017



## Drumross Adult Centre incorporating 'New Ways'

**Type of Service: Day Care Setting**  
**Address: 81 O'Neill Road, Newtownabbey, BT36 6UN**  
**Tel No: 02890849632**  
**Inspector: Suzanne Cunningham**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with 110 places that are spread across two sites, a maximum of 30 service users receive day care in New Way and 80 service users in Drumross each day. The day care setting provides care and day time activities for adults living with a learning disability who may also have physical disability, sensory disability, autism, mental health needs, challenging behaviour and/or dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual(s):</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Sarah Forde
<b>Person in charge at the time of inspection:</b> Sarah Forde	<b>Date manager registered:</b> 23 June 2016
<b>Number of registered places:</b> 110 - DCS-LD, DCS-LD(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 17 August 2017 from 10.30 to 16.30 and 18 August 2017 from 09.00 to 15.30.

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 staff recruitment, training and staff support, safeguarding, risk management, the day care setting environment, care records, audits and reviews, communication between service users and staff, the ethos of the day care setting, listening to and valuing service users, taking account of the views of service users, governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified regarding recording management arrangements when the manager is not in the setting, staff competency during induction and delivery of activities in one large group room.

Service users when asked for their views about the day care setting responded positively in both settings, examples of what they said were: "I like it here", "I play pool"; "I am with friends"; "staff are around if we need them"; "staff are brilliant, they really care for us"; "if I have problems staff check in with me"; "If you tell staff what's troubling you they help you and fix it"; "it's good"; "it's a nice place"; and "our staff are good to us".

Three relatives were interviewed during the inspection and they gave positive responses when asked about safe, compassionate, effective and well led care in this setting, they said:

- “staff have brought (name) out of herself, staff facilitate what she asks for, take their time with her, give her confidence, develop her skills and I can walk out of here and know she is safe”.
- “staff couldn’t do enough, brilliant, reassuring, supportive, flexible, they know what they are doing and if there is any problems we can talk to staff easily. This is a safe place and I can’t fault the day centre”.
- “There is a good level of communication with staff, its great”.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Sarah Forde, 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 3 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 03 August 2016.

#### 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 from the registered manager and Northern Health and Social Care Trust
- Incident notifications which revealed nine incidents had been notified to RQIA since the last care inspection in August 2016
- Unannounced care inspection report 03 August 2016.

During the inspection the inspector met with:

- The registered manager
- Eleven service users in New way
- Two care staff and the Senior Day Care in New Way
- Fifteen service users in Drumross
- Ten care staff and day care workers in Drumross

- Three relatives in Drumross.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Four were returned by service users, three were returned by staff and four by relatives.

The following records were examined during the inspection:

- Three individual staff records
- Six service users care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to August 2017
- A sample of incidents and accidents records from September 2016 to August 2017
- The staff rota arrangements during July and August 2017
- The minutes of service user meetings held in March, April, May, June and August 2017
- A sample of four Newsletters produced between January to August 2017
- Staff meetings held in April, May, June, July and August 2017
- Staff supervision dates for 2017
- Monthly monitoring reports from April to July 2017
- The staff training information for 2016 & 2017
- The settings statement of purpose.

Six areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 03 August 2016**

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

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

## 6.2 Review of areas for improvement from the last care inspection dated 03 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time	The registered manager should ensure that individual service users are issued with written agreements setting out the terms and conditions of service.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The original formal service user agreement was stored on each file inspected. Since the last inspection a new person centred easy read version had been developed by staff and was available for inspection in some service users' records.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 18.2 <b>Stated:</b> First time	The registered manager should ensure that a policy on choking is developed and made available to all staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This policy was available and up to date at the time of inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 17.9 <b>Stated:</b> First time	The registered provider should request the outcome of audits conducted on transport and catering so that she can ensure that any areas identified for improvement were addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The audits had been requested and recommendations had been actioned where improvements were identified at the time of inspection.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time	As agreed the registered manager is to forward a summary report on the outcome of the service users' questionnaire survey to RQIA including any action taken, if necessary, to address issues and improvements made. (This information was received post inspection)	<b>Met</b>

	as requested.)	
	<p><b>Action taken as confirmed during the inspection:</b> This document was sent to RQIA post inspection and was available and up to date at the time of inspection.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 7.1 <b>Stated:</b> First time</p>	<p>The registered manager should further development the current audit of care records to include measurement against quality standard/indicators of recording as some notes made were noted to have gaps between dated entries, blue biro used and others not signed by all involved.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The audit checklist and audit records had been updated post inspection in line with this improvement. Records to evidence progress in this regard were available and up to date at the time of inspection.</p>	
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 17.9 <b>Stated:</b> First time</p>	<p>The registered manager should ensure that regular audit of accidents and incidents is undertaken so that any trends or patterns can be identified and action taken as necessary.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The audit records were available and up to date at the time of inspection.</p>	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The settings daily staff arrangements and records were inspected for July and August. This provided evidence that sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the two premises, the number of service users, safety needs and the statement of purpose. It was noted in the records of staff working each day, the capacity in which they worked was recorded but who was in charge of the centre was not. Staff need to know who is

in charge of the day care setting particularly if the manager is absent; therefore an improvement in this regard was made.

Competency and capability assessments for staff who act up in the manager's absence had been completed for day care workers and one record was inspected. This showed the day care workers who may be in charge can undertake management tasks, understand and have the knowledge to fulfil their role and responsibility in the absence of the manager. Discussion with staff found they were knowledgeable regarding the day care setting regulations and standards, they also said they felt they were well supported and could seek advice from the manager and monitoring officer at any time.

The induction programme in place for all grades of staff was the trust induction and a checklist of duties staff undertake in the day care setting which were appropriate to specific roles and rooms. The induction did not include a competency type of induction such as the NISCC's Induction Standards. Staff induction that includes a competency based assessment should be part of the assessment to ensure new staff have the right level of knowledge, skill and understanding to provide safe, effective and compassionate care. An improvement was identified to further develop the induction in this setting.

Three individual staff records were examined and there was evidence the staff recruitment process included recruitment checks that were consistent with the day care setting standards and examined the individual's suitability for recruitment into a day care position.

The settings training record recorded staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2016 were dysphagia; epilepsy; infection prevention and control; dementia and learning disability. In 2017 they received fire training; COSHH; heart start; safeguarding; Respect (behaviour management training); and TEACCH. Discussion with staff during inspection revealed staff regarded training as important because it guides and informs them how to care safely, effectively and compassionately. They also recognised training together had enabled them to examine service and service users' specific issues as a team which assisted them in improving effectiveness. Discussion revealed staff were knowledgeable regarding their role and responsibility.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Two service users individual records were inspected that included plans for restrictive practice, one due to potential behaviours that may escalate and one in terms of mobility and care needs. The use of restrictions had been assessed, documented and reviewed; with the involvement of the multi-professional team. The use of restrictions was written up where there was evidence this was the least restrictive option that could be used to meet the needs of each individual. Discussion with staff in the setting revealed they were cognisant of their responsibility to advocate for the least restrictive care that meets each individual service users' needs; they reported the Respect training had focussed on recognising triggers to behaviour and responding in a preventative way rather than when behaviour was out of control.



Discussion with the manager and inspection of records confirmed suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons/agencies and investigated in accordance with procedures and legislation. Written records were retained and inspection of those revealed not only had staff responded to concerns promptly and in compliance with safeguarding procedures, they also examined what they could do in day care to prevent reoccurrence and improve the safety of the individual and groups of service users.

During the inspection observations of the environment and inspection of records revealed the environment presented as clean tidy, furniture, aids and appliances presented as fit for purpose. One group room (named the big room for the purpose of this inspection) did present as busy and full. Discussion with staff revealed they felt more busy than they had previously meeting the groups complex personal care needs in the room as well as providing activities for some more independent service users. They described they were concerned the quality of activities provided was not the best they could offer because staff were busy meeting individuals needs and they wanted to discuss could they improve the care provided in this room. Discussion with the manager found she was in agreement and an improvement was identified regarding her facilitating discussion and analysis of care in this room. Other group rooms with service users did not present as overcrowded.

Fire safety precautions were inspected and it was noted fire exits were unobstructed, and the fire drill & fire risk assessment had been updated in the last 12 months.

Three staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" to "Satisfied" regarding questions on "is care safe" in this setting. They identified service users were safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and have working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans were in place for service users and they receive supervision and appraisal.

Four service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding the questions "is care safe" in this setting. They identified they felt safe in the setting, the setting was comfortable; and they could talk to staff.

Four relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding the questions "is care safe" in this setting. The questionnaires identified their relatives were safe and protected from harm, they can talk to staff about a range of matters, the environment is suitable although one wrote "The centre needs to be bigger for the amount of clients that go there". This was also raised by the staff and manager during the inspection who revealed the setting was caring for more service users each year who were assessed as needing individual space and one to one care. The manager described the trust plans to create more day care space in the settings grounds however, this was not confirmed at the time of the inspection. It has already been reported on that the space in the 'big room' should be improved and this will include an improvement for the trust review the whole settings environment to ensure there is enough space to meet the individual needs of the service users attending this setting. Furthermore RQIA should be kept informed of any proposed changes to the environment.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and staff support, safeguarding, risk management and the day care setting environment.

## Areas for improvement

Areas for improvement were identified regarding recording management arrangements when the manager is not in the setting, staff competency induction and the organisation of care and delivery of activities in one large group room.

	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 centre's statement of purpose and service users guide contained information required by Regulations and Standards and the content was consistent with the settings registration with RQIA.

Six service user's care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social, emotional and psychological needs. Each service user had an individual written plan/agreement which was communicated in an easy read format.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

The service user risk and other assessments were in place, the sample inspected detailed needs had been assessed, reviewed and updated. The care planning documentation inspected detailed how each individual's need should be met by staff and this included responding to risks safely and effectively. Care plans had been reviewed in a timely manner, referrals to other professionals had been made if needs changed or the plan was not working and advice or recommendations that were given by other professionals were incorporated in an easy read care plan format. The settings management of service user's records enabled staff to recognise service users' needs and respond to them effectively.

Service user/representative involvement was documented for each review meeting. Systems were in place to review each service user's placement within the centre and ensure that it was appropriate to meet their health and social care needs.

Service users told the inspector they knew staff in their room and around the setting so if they had a concern or worry about their care they could talk to staff looking after them and any staff

would help them to resolve their concern. They gave examples of when staff had helped them with their social needs, medical needs and behaviour, describing how this had improved outcomes for them.

Discussion with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the manager or day care worker in charge. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall the discussions confirmed the staff were able to confidently express their views and knowledge regarding safe and effective care and this was generally encouraged from the staff team by management. In this setting staff clearly identified examples of how they work together to support the service users in the most person centred way that was safe effective and meets their needs within an open and transparent culture.

Three staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” to “Satisfied” regarding questions on “is care effective” in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users are involved in their plan, staff have the right skills, knowledge and experience to care for the service users; there are systems to monitor quality and safety; staff are informed regarding activities; and staff respond to service users in a timely manner.

Four service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care effective” in this setting. They identified they get the right care, at the right time with the best outcome, staff communicate with them, they know their needs and choices, staff help and encourage them, they can choose activities and are involved in their day care review.

Four relatives returned questionnaires to RQIA post inspection. One identified they were “Very Satisfied” regarding questions on “is care effective” in this setting. They identified their relative gets the right care, at the right time with the best outcome, staff communicate with their relative, they know their needs and choices, staff encourage them to be independent, they can choose activities and are involved in their relatives day care review. One relative wrote “(service user’s name) can’t express what she wants to do but the staff understand her needs and what she likes to do”.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, and communication between service users and staff.

**Areas for improvement**

No areas for improvement were identified 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.**

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. Service users confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for their plan. Service users identified there were boards with easy read information on them to keep them informed. They also recognised staff had supported them with their independence, social skills and learning new skills. One service user described they had learnt to read. It was apparent from these discussions staff were encouraging the service users to recognise and be proud of their achievements.

Staff gave examples of activities they had facilitated for service users of all abilities which was informed by service users saying what they wanted to do. They described this was achieved using a range of communication methods including non-verbal. They also described having a person centred approach to delivering care because they wanted the service user to feel valued, involved, informed and engaged in the care and support they receive in the setting.

Staff discussed restrictions that service users might experience, and discussion regarding specific service users revealed they were cognisant of using the least restrictive measure for each individual and ensuring responses to behaviour were focussed on de-escalation of behaviour or risk and protecting service users' personal safety. Staff described the measures they had put in place for specific service users to develop positive behaviours and opportunities for service users. They recognised the more they got to know service users; the more familiar they became with their behaviours, in turn the more effective they could make their de-escalation strategies. They also identified as the service users had become more settled they were focusing on developing their independence and positive experiences in day care.

Discussion with service users confirmed they were consulted in service user meetings which had occurred regularly, as well as being consulted informally by staff throughout the day. The annual service users' quality assurance survey had been distributed and evaluated for 2016. A summary report with an action plan had been written which included plans to further improve person centred care in this setting.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals. Service users had been provided with information, in a format that they understood which had enabled them to make informed decisions regarding their life, care and treatment.

Three staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified service users were treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive.

Four service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified

they are treated with dignity and respect, staff are kind and caring, their privacy was respected, they can choose activities and they are included in decisions and support they receive in the setting.

Four relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care compassionate” in this setting. They identified their relative was treated with dignity and respect, staff treated their relative well, they had no concerns, they had been consulted and involved in their relatives care and staff advocate for their relative. Comments made were “I have no concerns about staff at Drumross and I find the staff very good with my sister’s needs”, “I have no issues about how my relative is treated. All the staff and management are 100%”, “Newway meet all (name) day to day needs, they are sympathetic to her difficulties etc. Her individuality is taken into consideration and her underlying emotional very complex needs”.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

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

The registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months and had a recorded annual appraisal. Inspection of staff meeting minutes revealed they were held monthly with minutes and attendance recorded. The content recorded detailed discussions of staff being informed regarding changes to service users’ needs, best practice examples, policy and procedure changes, training opportunities and potential to improve practice. The records and commentary recorded showed staff discussions were focussed on service users’ needs and improvement.

The complaints record was inspected and this showed no complaints had been recorded since the last inspection.

The manager provided audit records of supervision, care records, infection prevention and control, transport and the environment. The records showed measures were in place to that monitored the effectiveness and quality of care delivered to service users in this setting, and the measures were consistent with the day care settings regulations and standards. The Regulation 28 monthly quality monitoring visits had also been undertaken monthly by the independent monitoring officer. The reports showed the visits were unannounced, included outcomes/action plans, and qualitatively reflected service users and staff views and opinions.

Three staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” to “Satisfied” regarding questions on “is care well led” in this setting. They identified staff felt the service was managed well; quality monitoring was undertaken regularly; management responded to and acted regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings were held and communication was effective.

Four service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified they felt the setting was managed well; they knew who the manager was; the staff respond well to concerns, issues or suggestions and they were asked about what they want to do. One wrote “manager of Drumross is 100% very aware of what’s going on and in and out of the rooms which I like”.

Four relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified they feel the setting is managed well; they know who the manager is; the staff respond well to communication, concerns, issues or suggestions and they had received information about the complaints process and the setting.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified 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 Sarah Forde, 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. RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.7 <b>Stated:</b> First time <b>To be completed by:</b> 13 October 2017	<p>The registered person shall improve the record of staff working each day. The record should include who is in charge of the centre and satellite setting, particularly when the manager is absent.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            rThis has now been completed.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time <b>To be completed by:</b> 13 October 2017	<p>The registered person shall improve the induction for new staff so it includes a competency type of induction in keeping with NISCC's Induction Standards.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Senior Management are currently reviewing induction process to include appropriate areas of NISCC Induction.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 27.3 <b>Stated:</b> First time <b>To be completed by:</b> 13 October 2017	<p>The registered person shall put in place arrangements to review the following areas of the setting:</p> <ul style="list-style-type: none"> <li>• The use of the group room named the big room for the purpose of this inspection should be reviewed and improved;</li> <li>• The space in the setting for new service users coming into the setting should be reviewed</li> </ul> <p>The review of these areas should include the staff views, experiences and observations regarding safe, effective, and compassionate care.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            This will be facilitated by a number of group meetings the first of which was held 18/9/2017.Meetings will be held regularly and all recommendations will be considered and where appropriate actioned.</p>

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





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