



The Regulation and
Quality Improvement
Authority

George Sloane Centre incorporating
Scope
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Ballymena
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**Announced Care Inspection
of
George Sloane Centre incorporating Scope
23 and 24 July 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection of the George Sloane Centre took place on 23 July 2015 from 09.30 to 17.00 and in Scope satellite unit on 24 July 2015 from 13.00 to 14.00.

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 the George Sloane Centre incorporating Scope.

1.1 Actions/Enforcement Taken Following the Last Inspection

The Trust submitted a variation application to RQIA on 8 May 2015 concerning a portacabin being placed in the car park to the front side of the George Sloane Centre. This application was processed by the care and estates inspectors. The care inspector visited the portacabin on 23 July 2015 and a requirement is made in the QIP of this report regarding actions needed by the Trust before it can be used by service users.

Apart from the actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with Ms Dorothy Robinson, registered manager and an acting senior day care worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Dr Anthony Baxter Stevens	Registered Manager: Ms Dorothy Robinson
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Dorothy Robinson	Date Manager Registered: 25 August 2010

<p>Number of Service Users Accommodated on Day of Inspection: 54 service users in George Sloane on 23 July 2015 and 8 in the George Sloane Centre 5 service users in Scope satellite unit on 24 July 2015</p>	<p>Number of Registered Places: 109</p>
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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

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
- the recent variation application
- 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 twenty four service users and had discussions with seven staff.

The following records were examined during the inspection:

- Three complaints and one compliment
- Seven accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of four service user's meetings
- Five service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Four 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 22 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(2)(b)	<p><u>Environment</u></p> <p>The registered person must ensure:</p> <p>(a) the double doors leading from room 2 to the outside paved area are fit for purpose;</p> <p>(b) The area of the roof above the entrance doors is made good so that it no longer leaks rain.</p> <hr/> <p>Action taken as confirmed during the inspection: Repairs to the double doors in room 2 and the area of the roof above the entrance have been completed.</p>	Met
Requirement 2 Ref: Regulation 20(1)(c)(i)	<p><u>Annual Appraisals</u></p> <p>The registered person must ensure all care staff employed in the George Sloane Centre receive an annual appraisal.</p> <hr/> <p>Action taken as confirmed during the inspection: All care staff have now received an annual appraisal.</p>	Met

Requirement 3 Ref: Regulation 20(2)	<u>Formal Supervision</u> In accordance with minimum standard 22.2, the registered person must ensure all care staff receive formal written supervision at least every three months. Action taken as confirmed during the inspection: The registered manager informed the inspector all care staff are now receiving formal supervision every three months.	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.1	<u>Environment</u> The registered person must ensure: <ul style="list-style-type: none"> (a) New flooring is laid in group 5 in the annexe; (b) A new table is provided in group 5 and a review is undertaken of all tables and chairs in the annexe to ensure they are fit for purpose and are easily cleaned. (c) Make good the external wooden panelling above group 1 and consider adding signage to this. Action taken as confirmed during the inspection: The flooring in group 5 in the annexe has been repainted. The tables have been reviewed in group 5 and a new one was provided. The external wooden panelling above group 1 has been repainted and George Sloane signage has been added.	Met

<p>Recommendation 2</p> <p>Ref: Standard 17.9</p>	<p><u>Service User file audit</u></p> <p>It is recommended the manager ensures systematic file audits are carried out on a regular basis of service user's care files. Copies of the audits should be included in the service user's care file.</p> <hr/> <p>Action taken as confirmed during the inspection: Systematic care file audits are now taking place in the George Sloane Centre.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 7.7</p>	<p><u>Service User's Care Information</u></p> <p>The registered manager must ensure:</p> <ul style="list-style-type: none"> (a) all service user's assessments and care plans are up to date, (b) Assessments, care plans and referral forms are signed and dated by the person completing them. <hr/> <p>Action taken as confirmed during the inspection: The care inspector examined five service user's care files. Evidence was provided to show assessments and care plans are current, dated and signed by all relevant parties.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 5.6</p>	<p><u>Service User Care Plans</u></p> <p>The registered manager must ensure:</p> <ul style="list-style-type: none"> (a) the identified service user's care plan is updated to fully and accurately reflect his/her current needs and includes relevant information from the recommendations made in the Speech and Language Therapist's recent assessment. (b) Monitoring and peer review systems should be established to ensure all service user care plans include information arising from assessments. Care plans must reflect details of the matters specified in minimum standard 5.2. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The identified service user's care plan had been updated. Effective monitoring and peer review systems are now in place in George Sloane Centre.</p>	
<p>Recommendation 5 Ref: Standard 15.5</p>	<p><u>Service User Annual Review Preparation Report</u></p> <p>The registered manager must ensure service user's annual review preparation reports contain information on each area specified in minimum standard 15.5.</p> <p>Action taken as confirmed during the inspection: The annual review reports of five service users were examined during this inspection. These contained the views and opinions of service users or their carers/representatives.</p>	<p>Met</p>
<p>Recommendation 6 Ref: Standard 21</p>	<p><u>Training/Awareness Sessions</u></p> <p>It is recommended management arrange for staff to receive training/awareness raising of:</p> <ul style="list-style-type: none"> (a) Deprivation of Liberty Safeguards (b) Confidentiality & Data Protection (c) Process of service user's or their representatives requesting access to their care information. <p>Action taken as confirmed during the inspection: Training in all of the above areas has been provided to care staff. This was confirmed during this inspection.</p>	<p>Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 21.1</p>	<p><u>Orientation and Induction for New Staff</u></p> <p>In addition to the Trust's Corporate Induction training for new staff, the manager must ensure there is evidence that newly appointed staff (including agency staff and students) have completed a structured orientation and induction to the centre. This should incorporate and reflect the Northern Ireland Social Care Council's (NISCC) Induction guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection: Records of induction and orientation are being made for new care staff.</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 23.8</p>	<p><u>Staff Meetings</u></p> <p>It is recommended management ensure staff meetings take place on a regular basis and at least quarterly. Staff unable to attend must read these should evidence they have been informed of it's content. Records are kept of staff meetings which include:</p> <ul style="list-style-type: none"> • Dates of meetings • Names of those attending • Minutes of discussions • All actions agreed with responsibility for completion assigned and time frames for completion. • <hr/> <p>Action taken as confirmed during the inspection: Staff meetings are now being held every three months. The minutes reflect the information above.</p>	<p>Met</p>

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

The day service had policies and procedures pertaining to continence management; assessment, care planning and review. There were also associated guidance and information available for staff. The policies were entitled:

- Continence Management
- Care Management Guidelines.

An identified number of service users attending George Sloane Centre have specific learning and/or physical disabilities with additional complex needs which result in some service users having limited or no verbal speech. Staff, where appropriate and safe, encouraged and enabled 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 concluded there were an identified number of service users attending the centre who needed 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 initially approaching them to provide support and assistance; they were sensitive and respectful; they preserve their dignity and they try their best to make them feel at ease and comfortable throughout the process. Service users stated care staff know them very well. No issues were raised.

It can be concluded care was safe in the George Sloane Centre and Scope satellite unit.

Is Care Effective?

Five service user's care plans were examined and focused on the quality of information pertaining to continence promotion and support. Care plans were reviewed by staff with service user's on a systematic basis or when changes occur. Positive comments were shared with the care staff about the user friendliness of identified service user's care plans. One of the five care plans examined by the inspector contained the toilet symbol card which the service user shows to staff when he/she needs to use the bathroom. His/her care plan reflected the assistance the individual needed with their clothing.

Discussions with care staff concluded staff were respectful and sensitive in the language used to support and assist service users who have a cognitive impairment or additional complex needs. Staff described how they ensured service user's privacy and dignity were respected; they were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products are stored. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

An acting senior day care worker informed the care inspector the centre has started using a continence information form devised by another centre manager to inform the personal care section of service user's care plans. Review of five service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. However, improvements are needed to ensure the personal care/continence sections fully reflect the service user's needs and preferences as per staff discussions with the care inspector. 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.

Staff have received information and training on continence promotion.

Is Care Compassionate?

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

Discussions with twenty four service users concluded they enjoy attending the centre and love meeting their friends.

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	0
Service Users	8	5

Review of the questionnaires evidenced all of the service users had circled either 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.

The overall assessment of this standard shows the quality of care to be compassionate, safe and effective in the George Sloane Centre and Scope.

Areas for Improvement

One identified area for improvement is needed regarding RQIA's review of standard 5. This concerns the review of the personal care and continence information in service user's care plans to ensure these fully reflect the specific staff support and assistance needed.

Number of Requirements:	0	Number of Recommendations:	1
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Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support, has been substantially met.

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

Is Care Safe?

The day service has policies and procedures pertaining to service user involvement; communication and complaints. There was associated guidance and information available for staff. The policies were entitled:

- Complaints and Service User Feedback Policy
- Making Information Available To The Public
- Personal and Public Involvement Strategy.

Discussions with twenty four service users, seven staff and the manager reflected how service users were involved in the running of the service. Examples were given about how staff and management responded to their suggestions, views and opinions. Review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in George Sloane Centre and Scope.

Is Care Effective?

Discussions with the manager and service users and review of documentation showed management and staff actively encouraged service user involvement in all aspects of their work. Examples were given by service users of how staff ensured their views and opinions were obtained for example: informal discussions, service user meetings and their annual review of their day care placement.

The George Sloane Centre's advocacy group is called 'Hearsay'. Two service users from each group form Hearsay so there is always one service user available to represent their group at each meeting. The most recent meeting occurred on 2 June 2015, the next meeting is due to be held at the end of July. The minutes of service users meetings were reviewed, these were qualitative and informative. They contained an agenda, the names of the service users attending, a summary of discussions and details of who would be taking action. There was evidence that service users' views and opinions were sought and form the basis of all discussions.

Service users in the Scope satellite unit meet on a monthly basis. Their last meeting occurred on 28 June 2015, the minutes of three meetings reflected who attended; the points raised and any action required.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service users annual review reports took place during this inspection. Three of the five review reports contained the service user's or their representatives views and opinions of their day service. Two identified annual review reports did not. This is an 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. Annual quality assurance service user surveys were distributed to service users in May 2014 and a transport questionnaire was circulated by the Trust's transport department in May 2015. An evaluation report had been completed concerning service users attending the George Sloane Centre which did not include service users from Scope. The evaluation report was informative and positive about the quality of care provision however it did not contain an action plan or the outcomes of action taken from the surveys completed the previous year. This is an area for improvement. There were plans for the service users attending the Scope satellite unit to be involved in devising a survey but this has not yet been completed. A quality assurance survey for 2015 is planned.

Complaints

The George Sloane Centre has an in-house complaints procedure. Since the previous care inspection, three complaints had been recorded in the George Sloane Centre's complaints record. These were investigated in accordance with the Trust's procedures and the outcomes of the investigations were recorded. The complaints record stated the complainants were satisfied with the outcome/s.

Discussions with those service users able to verbally articulate their views and opinions concluded that they were aware of the centre's complaints process. Service users said they would have no problem approaching staff or the manager if they had any concerns or complaints.

Compliments

One compliment had been recorded in the service since their previous inspection.

Monthly Monitoring Reports

The inspector examined four monthly monitoring reports from April - July 2015 inclusive. There was information on the numbers of service users interviewed in the June and July reports. Summaries of service user's comments about their attendance in the George Sloane Centre and Scope were recorded. These were qualitative and positive.

The inspector concluded the quality of care provision in George Sloane Centre was effective.

Is Care Compassionate?

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

The care inspector had discussions with twenty four service users. It was concluded service users were treated very well and with respect by the manager and staff. Several service users stated they love the staff and that they are very good to them.

A sample of the comments made by service users attending the George Sloane Centre including those based in the annexe included:

- *“I love it here, I work hard and like meeting my friends here. There are lots of things to do.”*
- *“I’m happy here, the staff are good to me. They are kind.”*
- *“This is a great place, we go out on the bus on trips. I love it. I like doing my work.”*
- *“I love the staff in my room. They make me laugh, they help me and listen to me.”*
- *“Everyone here is great. It’s a good centre.”*
- *“Yes, I like it. I’m happy.”*
- *“I would go to the staff if I needed something.”*

A sample of the comments made by service users attending the Scope satellite unit included:

- *“Scope is great and good. It’s great to be close to the wildlife park for the birds, ducks and all. It’s good for walks. Scope is really good, it’s been great for me. I like the work I’m doing and the music. He’s a lovely man and good to us with the music.”*
- *“I like it here, especially the litter control, the weeding and the garden work we do. I’m happier here in Scope and don’t want to return to the centre. I want to stay here with my friends.”*
- *“I help out in the community and love doing the music in different places. I enjoy coming here every day and meeting my friends.”*

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	0
Service Users	8	5

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.

It can be concluded the quality of care provision in the George Sloane Centre was 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 concerned:

1. Service user's annual review reports.
2. Annual quality assurance service users evaluation report.

Number of Requirements	0	Number Recommendations:	2
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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 fully met.

5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

RQIA had been notified of four untoward incidents and accidents since the service's previous inspection. The care inspector randomly sampled seven accident and untoward incident records recorded since the previous care inspection of George Sloane Centre. RQIA had not been informed about two of the untoward incidents that had occurred in February and March 2015, this is not in accordance with regulation 29. This is an identified area for improvement.

5.5.2. Complaints

There is a user friendly easy read pictorial complaints guide in place for service users. The Trust has a Complaints & Service User Feedback Policy and Procedure and the George Sloane Centre has an In-House Complaints policy.

Three complaints had been recorded in the centre's complaints record since the service's previous care inspection. The complaint records showed these matters had been investigated, the outcomes recorded and if the complainant was or was not satisfied. The inspector commented positively on one identified complaint as the written information had been shared with the service user and they had signed it.

5.5.3. Fire Safety

The care inspector observed a fire door wedged open in the snoozeleen/relaxation room of group 1. Fire doors must never be wedged open and was an identified area for immediate improvement.

5.5.4. Variation Application

RQIA had received a variation application from the Trust for a portacabin to be erected in the front car park of the George Sloane Centre. This is to accommodate a service user who has specific assessed needs as there is no suitable accommodation available within the main centre. The estates and care inspectors in RQIA are involved in processing this variation application. The care inspector visited the portacabin during this inspection. The following areas for improvement were identified:

- (a) Suitable protective covers are to be provided to the heating radiators to prevent the risk of scalding to service users;
- (b) thermostatic control is provided to the heating radiators to ensure that suitable temperatures are maintained in accordance with DHSSPS minimum standards (19-22 degrees centigrade);

- (c) room temperatures are monitored to ensure they are maintained in accordance with DHSSPS minimum standards;
- (d) a review of the entrance to the portacabin is undertaken to ensure heat loss is kept to a minimum in cold weather and to prevent the ingress of rain to the floor when the door opens during inclement weather conditions.

5.5.5. Working Practices

The inspector observed approximately nine service users in the dining room who had finished their lunch and were sitting at different tables. They appeared to be bored as they were looking around them; had their arms folded; their heads down etc. There was no background music, television; no relaxation corner with soft seating, table top activities etc. The inspector was told staff were on their lunch break (there are two staff lunch sittings). There was a staff member supervising these service users. The care inspector asked the manager to review this after lunch practice by consulting with service users about what they would like to do during this time. This is an identified area for improvement.

5.5.6. Environment

The inspector undertook a tour of the George Sloane Centre and Scope. The main centre building and in the interior of the annexe was observed to be well maintained and the general décor and furnishings were fit for purpose. There were displays of service user's photographs and art work on notice boards and on walls around the centre.

With regards to the front exterior of the annexe of the George Sloane Centre, weeds were growing out of the gutters and flaking paint and damp patches were observed on the areas above the entrance doors. This must be improved.

The care inspector visited the Scope satellite unit on 24 July 2015. The unit is based in Broughshane House in the centre of Broughshane village. The areas used by service users were functional, well decorated and contained photographs, murals and art work completed by service users. One of the rooms used for relaxation and to watch films contained a suite of furniture. No areas of concern were noted.

Areas for Improvement

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

1. Fire safety
2. Environment (two matters)
3. Reporting of accidents and untoward incidents
4. Review of the service user's after lunch time routines.

Number of Requirements	4	Number Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Dorothy Robinson, registered manager and an acting senior 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 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	
<p>Requirement 1</p> <p>Ref: Regulation 26(4)(b)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and Ongoing</p>	<p>The registered persons must ensure fire doors are never wedged open.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff will check daily. Minor works form has been completed to link the sensory room door to the fire alarm system by a "hold open detector". proposed completion 28/02/16</p>
<p>Requirement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered manager must ensure accidents and untoward incidents are reported to RQIA as per regulation 29.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been noted and all relevant incidents and untoward events will now be completed and passed to RQIA as per regulation 29. New RQIA guidelines will be shared with staff once received</p>
<p>Requirement 3</p> <p>Ref: Regulation 26(2)(j)</p> <p>Stated: First time</p> <p>To be Completed by: 15 August 2015 for (a) and (b) 30 October 2015 for (c)</p>	<p>With regards to the new portacabin; the registered persons must ensure that:</p> <ul style="list-style-type: none"> a) Suitable protective covers are provided to the heating radiators to prevent the risk of scalding to service users; b) thermostatic control is provided to the heating radiators to ensure that suitable temperatures are maintained in accordance with DHSSPS minimum standards (19-22 degrees centigrade); c) room temperatures are monitored to ensure they are maintained in accordance with DHSSPS minimum standards; d) a review of the entrance to the portacabin is undertaken to ensure heat loss is kept to a minimum in cold weather and to prevent the ingress of rain to the floor when the door opens during inclement weather conditions. <p>The completed returned QIP must state the outcomes of this review including an action plan with timescales of when identified works will be completed.</p>

	<p>Response by Registered Person(s) Detailing the Actions Taken: A,B AND C have now been completed and put in place. A minor works form has been completed and a request has been made for costing (D). Proposed completion June 2016</p>
<p>Requirement 4</p> <p>Ref: Regulation 26(2)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>With regards to the annexe of George Sloane Centre, the registered persons must:</p> <ol style="list-style-type: none"> 1. Clear, clean and flush the gutters. 2. Investigate the reason/s for the areas of flaking paint above the entrance doors and carry out remedial works to make this area good. <p>Response by Registered Person(s) Detailing the Actions Taken: All guttering have now been cleaned and flushed out as requested. A team of staff and clients have decided to undertake the project of removing the flaking paint, sanding,sealing and painting the area around the entrance door.Completion 30/10/15</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be Completed by: 10 August 2015</p>	<p>With regards to continence promotion, the registered 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"> • 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. <p>Response by Registered Person(s) Detailing the Actions Taken: Continence promotion forms have been printed and distributed to all day care workers in the George Sloane Centre. Most have been fully completed and some are waiting to be finalised with signatures etc.Proposed completion 30/11/15</p>

<p>Recommendation 2</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered manager should ensure service user's annual review reports reflect their views and opinions and where appropriate their carers or representatives.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: A newly devised form has been completed and will be attached to all careplan and review minutes. (see attached). This form will be rolled out for all future reviews - proposed completion 31/11/16 as reviews progress.</p> <p>The registered manager should ensure the annual quality assurance evaluation report completed as the result of service users surveys contains:</p> <ul style="list-style-type: none"> the outcomes of actions from completed surveys in the previous year; an action plan from the completed surveys in the current year. <p>Records should be made of when the evaluation report is shared with service users and where appropriate their representatives/carers.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be Completed by: 15 August 2015</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: Completed and ongoing. Last years results have been forwarded .</p> <p>The registered manager should review the current after lunch time practice in the dining room with service users.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: We have now a cd player in the canteen and tv/dvd in lunch area. Clients are encouraged to bring in their favourite music and this changed daily to cater for all tastes. This has been taken to the advocacy group for fine tuning.</p>		
<p>Registered Manager Completing QIP</p>	<p>.Dorothy Robinson</p>	<p>Date Completed</p>	<p>14/09/15</p>
<p>Registered Person Approving QIP</p>	<p>Tony Stevens</p>	<p>Date Approved</p>	<p>16/9/15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Louise McCabe</p>	<p>Date Approved</p>	<p>17/09/15</p>

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

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to day.care@rqia.org.uk from the authorised email address****

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.