

Unannounced Care Inspection Report 12 February 2018



Rosebrook House

Type of Service: Day Care Setting
Address: Brook House, Coleraine, BT52 1QG
Tel No: 02870343084
Inspector: Dermott Knox

www.rgia.org.uk

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 12 places that provides care and day time activities for people living with dementia.

3.0 Service details

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| Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens | Registered Manager: Mrs Sylvia Campbell |
| Person in charge at the time of inspection: Mrs Sylvia Campbell | Date manager registered: 15 September 2017 |
| Number of registered places: 12 - DCS-DE | |

4.0 Inspection summary

An unannounced inspection took place on 12 February 2018 from 10.30 to 17.20.

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 determined if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care records, staffs' direct work with service users, liaising with family members and carers, records of incidents and accidents.

Areas requiring improvement were identified in relation to management of the service, staffing arrangements, monthly monitoring arrangements (including the accuracy of some monitoring reports), transport driving arrangements and the frequency of staff meetings.

The findings of this report will provide the day centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 4 | 6 |

Details of the Quality Improvement Plan (QIP) were discussed with Mrs. Sylvia Campbell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

On the 14 March 2018 a meeting was held with the Assistant Director for mental health services and three other representatives of the Trust, including the manager of the day care service.

This meeting was held to discuss RQIA's concerns with regard to non-compliance with Regulations 28(3), 28(4)(b) and 11(1).

At this meeting, the registered person and their representatives provided a full account of the actions which had been taken following the inspection on 12 February 2018 and those which were proposed, to ensure the improvements necessary to achieve full compliance with the required regulations.

The submitted action plan was discussed and the necessary improvements to be implemented in order to achieve compliance with the identified regulations agreed.

After consideration of documentation presented at the meeting and assurances provided by the representatives, RQIA decided not to take any further action.

The areas for improvement are included in this report's Quality Improvement Plan, relating to the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Setting Minimum Standards, 2012 (DHSSPSNI).

4.2 Action/enforcement taken following the most recent care inspection dated 16 February 2017

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was held with the trust's representatives at RQIA's offices on 14 March 2018. At the meeting, the representatives provided RQIA with a written action plan outlining the actions they had taken to date and would take in the future to address RQIA's concerns. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Record of notifications of significant events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 16 February 2017
- The RQIA log of contacts with, or regarding Rosebrook House Day Centre

During the inspection the inspector met with:

- five service users in group settings
- one relative/carer of a service user
- two care staff in individual discussions
- the manager, at the commencement and at the conclusion of the inspection

Questionnaires were left with the manager to be distributed to service users and a number of relatives or carers of service users. One completed questionnaire was returned to RQIA by 26 February 2018, not identifying whether from a service user or a relative.

Staff members were invited to submit questionnaires via 'Survey Monkey' and two responses have been received.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports.
- Progress records for three service users.
- Monitoring reports for the months of August, Sept. and October 2017 and January 2018.
- Records of three staff meetings dated 03 August 2016, 07 March 2017 and 02 November 2017.
- The Annual Quality Review report dated 31 March 2017.
- Selected training records for staff, including staffs' qualifications.
- The Statement of Purpose.
- Service User Guide.
- Safety records, including Fire Risk assessment.
- Record of notifications of significant events.
- Record of complaints.

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 27 February 2017

The most recent inspection of the day centre was an announced premises inspection. No areas for improvement were identified at that inspection and there was no QIP.

6.2 Review of areas for improvement from the last care inspection dated 16 February 2017

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 17(1) Stated: First time | The registered person must ensure Rosebrook House's annual report contains information on all of the relevant matters specified in Schedule 3 of Regulation 17(1). | Met |

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| | <p>Action taken as confirmed during the inspection: The Annual Quality Review, dated 31 March 2017 was available for inspection and addressed all of the matters listed in Schedule 3 of The Day Care Setting Regulations (NI) 2007.</p> | |
| Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012 | | Validation of compliance |
| <p>Area for improvement 1 Ref: Standard 4 Stated: First time</p> | <p>The registered person should ensure each service user attending Rosebrook House has an up to date general assessment of their needs with regards to the day services provided. This should be reviewed on at least a yearly basis or sooner if the service user's needs change.</p> | Met |
| | <p>Action taken as confirmed during the inspection: Each of the service user's records, examined at this inspection, contained up to date assessment material, mainly relating to the individual's changing needs in areas such as mobility and personal safety. These were in keeping with Standard 4.4.</p> | |
| <p>Area for improvement 2 Ref: Standard 17.10 Stated: First time</p> | <p>The registered person should ensure:</p> <ul style="list-style-type: none"> (a) a designated person undertakes regular monthly monitoring visits of Rosebrook House. (b) Should the designated person be unable to carry out these monthly monitoring visits; alternative arrangements should be put in place by the Trust. (c) The monthly monitoring reports as well as specifying if there were any complaints, accidents or untoward incidents in the previous month should contain information on how these were responded to and managed by the day care setting and if there were any identified areas for improvement. | Not met |
| | <p>Action taken as confirmed during the inspection: There were no records of monitoring visits to Rosebrook House Day Centre in four of the</p> | |

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| | <p>twelve months of 2017. Additionally, monitoring reports for July and October 2017 and for January 2018 were not accurate, in that they each failed to report incidents or accidents which had occurred in the centre in that month and which were recorded appropriately by staff members. Monitoring reports dated 31 October 2017 and 26 January 2018 were sparsely completed, giving little information on the centre's compliance with regulations and standards. The October 2017 report referred to the Senior Day Care Worker as "manager".</p> <p>These matters will be restated in two parts, referring to, Regulation 28(3) and 28(4)(b) of The Day Care Setting Regulations (NI) 2007.</p> | |
| <p>Area for improvement 3 Ref: Standard 17.14 Stated: First time</p> | <p>The registered person should ensure with regards to accidents and untoward incidents there is an appropriate overview summary in place which is made available for inspection purposes. The care inspector can then request to review specific accidents or incidents in more detail from either the service user's care file or the Trust's Datix system.</p> <p>Action taken as confirmed during the inspection: Printouts from the DATIX system were provided for this inspection and were cross-referenced with examples in individual service user's files, indicating that records of incidents and accidents were kept accurately and up to date.</p> | Met |
| <p>Area for improvement 4 Ref: Standard 25.3 Stated: First time</p> | <p>The registered person should replace the sink in the assisted bathroom in Rosebrook House with a larger one more suitable to the needs of service users with dementia.</p> <p>Action taken as confirmed during the inspection: This replacement work had been completed and was reported by staff as being satisfactory.</p> | Met |

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 day centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. Most service users avail of the centre's mini-bus service for transport to and from the centre, while several people are driven to and from the centre by a relative or other carer.

Most activities take place in one large room, which has a number of moveable tables, used throughout the day for art, crafts, quizzes and cups of tea or coffee. When necessary, individual withdrawal or change of scene for a service user is managed by using the dining room, kitchen, or the wide and brightly decorated corridor areas in between.

All service users attending the centre require attention of staff when moving between rooms or participating in activities. On the day of this inspection, two service users spent time with a staff member, making pancakes in the kitchen. The staff member's care for the safety of service users was noted, when they were close to the hot cooking surface.

All new staff undertake an induction programme, described by one staff member as "thorough and helpful". The manager and two staff members confirmed that they have confidence in the practice of all members of team, in their work with service users and that safety for service users is at the forefront of their work, particularly given the frailty of some of those who attend. All expressed the view that practice in the centre was safe and of a high standard and that team members worked well together. Due to illness, one staff member had missed the last scheduled training on Safeguarding Vulnerable Adults and this, along with one other training topic, is now significantly overdue for her. This area for improvement is included in Section 6.7 of this report.

On the day of this inspection, one staff member was absent, leaving the senior day care worker and one day care worker to cope with the demands of the day. While the manager (currently providing cover for the absent registered manager, for one year) is based in an adjacent building and manages a large supported living service, she would normally be available to be called, should staff feel the need of her support. In reality, staff said, this very rarely happened. There was evidence to indicate that very little planned management time was allotted to the day centre, either by the manager or her deputy. Consequently, the senior day care worker took on the bulk of the day to day management tasks and had little guidance or direction on the most productive and essential use of her time. She acknowledged that she was frequently drawn away from direct work with service users, particularly when the complement of two other staff was present and she felt this was safe.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer. Risk assessments with regard to falls, transport, moving and handling, emergency evacuation of the premises, or other areas, such as choking, specific to an individual, were present where relevant and each one had been signed as agreed, either

by the service user or a representative. Eight service users attended the centre on the day of this inspection, (icy conditions made travelling risky on untreated roads). Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' immediate needs were being met safely by the staff on duty.

A Risk Assessment and Fire Management Plan had not been revised since 24 May 2016 and this should be done at the earliest possible date. The centre's Fire Log had been inspected by a senior manager of the Trust on 28 November 2017. Checks were being completed on a weekly basis of: fire alarm systems, means of escape, emergency lighting and fire exits. Fire safety training has been provided for all staff members on an annual basis.

Three service users spoke positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises and in the transport vehicle. Staff presented as being informed of the assessed needs of service users and of methods of helping to meet these needs safely. Staff confirmed that service users' rights and the methods available to them of raising a concern or making a complaint were set out in the service user guide and that guidance on making a complaint had been provided for service users and their carers to ensure they understood the procedures for making their views known to the organisation.

In discussions on their roles and responsibilities, two staff spoke of a lack of clear guidance from the Trust, with regard to changes to the driving licence requirements for driving the centre's minibus. E-mail communications, on the 01 February 2018, between the Senior Day Care Worker and the Deputy Transport Services Manager, did not assist staffs' understanding of whether or not they were appropriately licenced for this task. In circumstances where there are changes to legislation, such as for the categories of a driving licence, the Trust should issue written guidance to staff to ensure clarity of understanding, before they are required to continue with driving duties. This is an area for improvement.

There was evidence to show that, on the day of this inspection, immediate safe care was being provided in Rosebrook House Day Centre. However, the management and leadership arrangements for the centre are currently unsatisfactory and pose risks to safe care in areas such as, keeping training up to date, ensuring monitoring visits are made and, reporting to the registered person when compliance with regulations is not maintained.

Areas of good practice

Examples of good practice found throughout the inspection included, staff's attention to individual service user safety, communication with service users, infection prevention and control, weekly fire safety checks and maintenance of the environment.

Areas for improvement

- Updating the Risk Assessment and Fire Management Plan.
- Clarity of direction from the Trust regarding staffs' driving licence categories.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.5 Is care effective?

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

Rosebrook House Day Centre's Statement of Purpose provides most of the information required by the regulations and the minimum standards. A change in the premises available to the day centre was not added to this document, nor was the change notified to RQIA. This matter is addressed in a requirement in Section 6.7 of this report. Three service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's participation. Care plans were clear and referred to the assessed needs of service users and the actions required of staff to meet the needs. The content of each care plan was written in plain language to aid the service user's understanding. Good quality photographs of service users, in their records, helped to promote a positive self- image.

Each of the files examined contained clear risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Systems are in place to review the service user's placement within the centre and ensure that it is appropriate to meet their health and social care needs. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records, including the service user's views, where possible, were available in all files examined. All records, containing personal and confidential information, were stored safely.

When registered, the premises were suitable for the service provided, but the removal of the craft room in 2016 has impacted on the range of activities on offer. (See 6.7, below). There are plans to use the dining room for craft activities and this should be positive, provided that staffing is sufficient for two separate groups. The range of activities currently available may need to be extended to meet the needs of younger people who attend or who may attend in the future. With eight service users attending, two staff in direct contact work appeared adequate for the activities that were organised. One staff member expressed concern about operating in two groups, which would require each staff member to work alone for most of the time. It was acknowledged that the layout of the premises would enable support to be summoned quickly. One questionnaire was returned from a service user or a relative, indicating satisfaction with the care and the service provided in Rosebrook House Day Centre. One relative, who met with the inspector, praised the responsiveness and caring attitudes of staff. While satisfied with the service initially and currently, concern was expressed about the service's ability to adapt quickly, as a service user's condition advances. The relative's comments included:

"I have never seen anyone in Rosebrook being treated badly. I can't fault the staff; they're very caring and able to deal with a whole range of difficulties. My (relative) seems happy enough to come here, at least for the present. My concerns are with the wider health service, like the ability or inability of the service to react quickly to a person's changing needs."

It was noted by staff that there is a significant range of types of dementia and needs of service users within the total of those who attend the centre. Some will need a very specific and individual programme of care in the centre with frequent reviews of their care plans and suitable

provision to enable them to continue to be involved and fulfilled. An area for improvement is identified regarding the types of activities offered, and their age and cultural appropriateness.

The evidence indicates that the care provided in Rosebrook House Day Centre is effective in terms of promoting each service user's current involvement and wellbeing.

Areas of good practice

Examples of good practice in effective care, found throughout the inspection, included assessment of strengths and needs, care planning, progress records, care reviews, communication between service users and their carers and the staff of the centre. There was evidence of positive links and relationships between the centre and a number of community based professionals in the area.

Areas for improvement

The registered person shall ensure that the types of activities offered are diverse and varied, engaging, purposeful, enjoyable, age- and culturally-appropriate and promote healthy living.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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.

On the day of this inspection, the atmosphere in Rosebrook House Day Centre was warm, friendly and relaxed. Several service users were brought into the centre by car, driven by a relative, while the centre's minibus was used to collect others. People were greeted and settled comfortably with tea and toast or an alternative if they wished. Observations of interactions throughout the day provided evidence of service users being engaged by staff with respect and encouragement at all times and relating positively to staff and to each other. Most people were then involved in a specific group activity, such as creating 'speech bubbles' to decorate a wall area with welcoming messages. The range of activities includes art and crafts, cooking, music/singing, quizzes, and armchair exercising. Staff demonstrated an understanding of each person's needs and related to each one in warm and caring terms, demonstrating an appropriate balance of personal and professional relationships.

In the afternoon, two service users enjoyed making pancakes with one staff member, while the larger group participated in a painting project. Staff respected the wishes of any person who did not wish to participate and some alternative, individual activity was agreed. Two people said that their main enjoyment was in meeting and chatting with others who had become their friends, while a third person stated that she just liked to watch what everyone else was doing.

Service users said:

- "All the staff are very good and very helpful."

- “We are good friends and we enjoy having cups of tea and chats together. We do also make things, pictures and the like. I never would have thought I could paint a picture so you would know what it was.”
- “Today we are going to make pancakes, or so I’m told. I don’t know how to do that, but I expect the girls will show us.”

There were systems in place to ensure that the views and opinions of service users were sought and taken into account, including discussion of each proposed activity to gauge the interest, and daily discussions with people individually about their feelings and wellbeing. Biannual reviews of care plans and the suitability of the placement usually included a representative of the Community Mental Health team. An annual quality review report included the findings of a questionnaire based survey of service users’ and their carers’ satisfaction with the service. One relative confirmed in discussion that communications with the day centre’s staff were excellent and provided opportunities for carers to comment or to seek clarification on any matter that was not clear.

During some monthly monitoring visits, the views of a sample of service users were sought and these views were reflected in good detail in one of the monthly monitoring reports that were reviewed. Each person’s file contained progress notes relating to his or her involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Observations provided good examples of warm and compassionate interactions between staff and service users who were clearly at ease with the staff and with the operations of the centre. Staff members’ comments and actions, along with the views expressed by service users, confirmed that compassionate care was being provided in Rosebrook House Day Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the demonstrations of caring attitudes in minute by minute practice, listening to and valuing service users, facilitating service users’ involvement in the various activities, building relationships with carers/family members and maintaining records of activities and progress.

Areas for improvement

No areas for improvement were identified at this inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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.

A tour of the premises with the senior day care worker identified the fact that the former craft room had been withdrawn from the day centre’s use, in or around March/April 2016, and converted to office space for other Trust employees. The registered person did not notify RQIA

of the intention to make this change. This is a requirement of Regulation 31(h) of The Day Care Setting Regulations (NI) 2007 which is included in the QIP of this report.

There were no records available of monitoring visits to Rosebrook House Day Centre in January, February, May and November 2017. Four monitoring reports, for the months of August, September and October 2017 and for January 2018, were examined at this inspection. Reports for October 2017 and January 2018 were sparsely written and were not accurate, in that they reported "None" for the Incidents and Accidents during that month, when, in each of those months, the centre's records contained relevant incident and/or accident reports. The October 2017 report referred to the senior day care worker as "manager". The duration of these monitoring visits was not recorded. Monitoring is identified in the QIP as an area for improvement.

By contrast, a monitoring visit, dated 29 September 2017, had been carried out and reported on fully and with attention to detail. This report contained feedback from discussions with service users and with one or two staff members. Observations of the work and activities were recorded along with comments on the accuracy and appropriateness of records and the safety and condition of the premises. This report indicates that the monitoring officer spent significant time in the centre and sought both factual and anecdotal evidence for the task.

Staff training records confirmed that staff had received most of their mandatory training and some additional training specific to the needs of the service users in this setting. One staff member has two overdue training courses to attend. In the absence of the manager, the senior day care support worker takes charge of Rosebrook House Day Centre. The manager acknowledged that she rarely spends time in the day centre but has delegated some management duties to one of her deputies. Evidence gathered at this inspection indicates that very little of the deputy's time is made available for the day centre. Providing dedicated management time for the day centre is an area for improvement, previously identified in 2015.

Discussions with staff and examination of records confirmed that just two staff meetings had been held during 2017 and, so far, none in 2018. Minutes of the meeting held on 02/11/17 were inadequate. The minimum standard states that staff meetings should be held at least quarterly. The standard also identifies what the minutes should include. The report of the Annual Quality Review, dated 31 March 2017, states, "Staff meetings are held every three months in Rosebrook House DTTU." This was not accurate at that time, with the two preceding staff meetings having been dated 03 August 2016 and 07 March 2017, seven months apart. This is identified as an area for improvement.

While staff supervision has been held quarterly, there was little evidence of staff's learning and development being promoted through this process. Advice was shared with the senior day care worker in this regard. There was evidence from discussions with staff to confirm that the delivery of care to service users is positive and that colleagues at the 'front line' are mutually supportive and trust one another to deliver good quality care.

The centre's most recent Annual Quality Review report showed that service users and their family members viewed the service as very satisfactory and the evidence found at this inspection supports the view that face to face work with service users and communication with their carers is of a good standard. However, there is also a range of evidence to indicate that Rosebrook House Day Care Service does not have suitable management or monitoring arrangements to qualify as being well led. Planned management time for the centre is essential

along with clarification of the senior day care worker role, so that the manager and the senior day care worker are aware of essential decisions that they each should be making.

Areas of good practice

Examples of good practice found throughout the inspection included, liaising with relatives and carers, care planning and reviews, record keeping by day care staff.

Areas for improvement

- Dedicated management involvement in the day centre's operations clarity of SDCW role
- Making application for variation to the premises, (Reference March/April 2016).
- Non-compliance with Regulation 28, cited by RQIA on three occasions, the first being 12 November 2013.
- Content accuracy of monthly monitoring reports.
- Accuracy of the Annual Quality Review reports, e.g.31 March 2017.
- Frequency of staff meetings.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 4 | 3 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with, Mrs. Sylvia Campbell, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|---|--|
| Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 28(3)</p> <p>Stated: Third time</p> <p>To be completed by: 21 March 2018</p> | <p>The registered person shall ensure that monitoring visits to Rosebrook House Day Centre are carried out at least once a month.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Manager of Supported Living (designated person) shall ensure that monitoring visits take place at least once a month and that reports of these visits are available to the centre.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 28(4)(b)</p> <p>Stated: Third time</p> <p>To be completed by: 21 March 2018</p> | <p>The registered person shall ensure that the person carrying out the visit shall inspect the premises of the day care setting, its record of events and records of any complaints.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Manager of Supported Living shall ensure that monitoring reports accurately record events such as incidents and accidents as well as complaints on the monthly monitoring report. The Manager of Supported Living shall ensure that monitoring reports accurately record events such as incidents and accidents as well as complaints on the monthly monitoring report.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 11(1)</p> <p>Stated: Second time</p> <p>To be completed by: 21 March 2018</p> | <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose, the number and needs of the service users, carry on or (as the case may be) manage the day care setting with sufficient care, competence and skill.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Trust has in place a defined management structure. Lines of accountability, specific roles and responsibilities of the Deputy Managers and Senior Day Care Worker will be confirmed and responsibility for areas of activities and day to day functioning will be discussed and agreed with the staff team. Manager of The Brook shall delegate responsibility of day to day management of the day care centre to the Deputy Managers. With immediate effect the Deputy Managers will spend no less than the equivalent of 1.5 days per week in Rosebrook.</p> |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 31(h)</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p> | <p>The registered person shall (retrospectively) make a Variation Application to RQIA in respect of the changes to the premises that were carried out in March/April 2016. The Craft Room was closed and given over to office space for other Trust employees.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A retrospective variation has been completed and submitted March 2018 further to a conversation with RQIA Estate colleagues. Floor plans have been shared.</p> |
| <p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p> | <p>The registered person shall ensure that the types of activities offered are diverse and varied, engaging, purposeful, enjoyable, age- and culturally-appropriate and promote healthy living.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A new activity timetable has been designed to ensure above improvements are met. Activities offered will change on a regular basis and be tailored to meet clients likes and needs</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 23.8</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2018</p> | <p>The registered person shall ensure that staff meetings are held at least quarterly and that the records of these are in keeping with this minimum standard.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Dates for staff meetings have been allocated for 2018 as follows; 6/3/18 6/6/18 6/9/18 6/12/18</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 21.3</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p> | <p>The registered person shall ensure that all staff complete mandatory training, e.g. 'Safeguarding Vulnerable Adults', within the required time periods.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Manager has a training matrix which gives a quick reference to training needs it is a standing agenda item on staff supervision and if staff are on long term sick leave this will be prioritised on their return to work</p> |

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|---|--|
| <p>Area for improvement 4</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 30 march 2018</p> | <p>The registered person shall ensure that staff providing transport for service users are clear about their roles and responsibilities regarding this aspect of the service and that any change to the conditions of this role is notified to them in writing.</p> <p>Ref: 6.4</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p> | <p>Response by registered person detailing the actions taken: All staff have received an email regarding the proposed changes in licence class. Staff will be supported to attain the requirements at no cost to themselves</p> <p>The registered person shall ensure that the Fire Safety Risk Assessment and Management Plan is revised to take account of any changes made to the day care setting.</p> <p>Ref:6.4</p> <p>Response by registered person detailing the actions taken: Fire Safety Risk assessments are completed by the Trust Fire Officers, certificates while be requested following each inspection</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p> | <p>The registered person shall ensure that reports of Annual Quality Reviews are accurate with regard to all practice and events during the period to which they refer.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Annual quality Report is currently being completed for 2017/2018. The manager will esure all information is accurate</p> |

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



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