



The Regulation and
Quality Improvement
Authority

Rosebrook House
RQIA ID: 11200
Brook House
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BT52 1QG

Inspector: Louise McCabe
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**Unannounced Care Inspection
of
Rosebrook House**

10 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 10 August 2015 from 10.15 to 16.30. 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.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	8

The details of the QIP within this report were discussed with Mrs Caroline Bucklee, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered Manager: Mrs Caroline Bucklee (registration pending)
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Caroline Bucklee	Date Manager Registered: 8 May 2015, Acting Manager
Number of Service Users Accommodated on Day of Inspection: 7	Number of Registered Places: 12

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

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

4. Methods/Process

Specific methods/processes were used in this inspection.

Prior to the inspection, the following records were examined:

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

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with six service users and had discussions with two staff.

The following records were examined during the inspection:

- Complaints and compliments book (none recorded)
- Two accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Six service users care files
- Service users annual quality assurance evaluation 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 announced care inspection dated 19 March 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 28(3)	The registered person shall ensure that monitoring visits take place at least once a month and that reports of these visits are available in the centre. Action taken as confirmed during the inspection: Evidence was provided to confirm monthly monitoring visits of Rosebrook House are now taking place.	Met

<p>Requirement 2</p> <p>Ref: Regulation 20(2)</p>	<p>The registered person shall ensure that persons working in the day care setting are appropriately supervised. (Ref. also to Standard 22).</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: Rosebrook House's completed QIP reflected an operational formal supervision rota had been devised for band 5 (day care workers) and which initially reflected band 3 care assistants would receive group supervision on a quarterly basis. The manager was informed by RQIA formal supervision of care staff must be completed individually not on a group basis and should take place at least every three months. Discussion with the manager confirmed individual supervision is now taking place with band 3 care staff.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 20(1)(c)</p>	<p>The registered person shall ensure that persons working in the day care setting receive appraisal, appropriate to the work they perform.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: The service's completed QIP stated the manager will complete annual appraisals with band 5 (day care workers) and band 5 staff will complete these with band 3 care assistants. Discussions with the manager during this inspection confirmed all care staff have received an annual appraisal.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 17</p>	<p>The registered person shall ensure compliance with all parts of this regulation.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: The service's completed QIP reflected a staff meeting was held on 24 June 2015 to discuss regulation 17. The manager confirmed annual quality assurance surveys are distributed to service users and their representatives and an annual review report in accordance with Schedule 3 is completed.</p>		

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 21.7	It is recommended that staff members are encouraged and supported to achieve vocational qualifications appropriate to their role and responsibilities.	Partially Met
	Action taken as confirmed during the inspection: The service's completed QIP stated all mandatory training was up to date and vocational training is identified at annual appraisals. Discussions with management and staff during this care inspection concluded staff need moving and handling training as this has lapsed for one staff member. The Trust's Moving and Handling trainer is currently on sick leave. A staff member informed the inspector Difficile S training is needed for the team and has been requested via the manager. A requirement about training is made in this report.	
Recommendation 2 Ref: Standard 21.9	It is recommended that the annual training plan for staff should be linked in electronic records with the training that is undertaken, in order to provide clarity regarding met and unmet training needs.	Met
	Action taken as confirmed during the inspection: Confirmation was obtained during this inspection to confirm an electronic record is completed by the Trust.	
Recommendation 3 Ref: Standard 23.8	Staff meetings should be held regularly and at least quarterly. Records of staff meetings should comply with this standard.	Met
	Action taken as confirmed during the inspection: Staff meetings for Rosebrook House now take place on a quarterly basis. The monthly monitoring report dated 30 July 2015 and discussions with staff during this inspection confirmed this.	
Recommendation 4 Ref: Standard 15.3	Initial reviews should be held as stipulated by this standard, or within a proportionate timescale for those who attend less frequently than daily.	Met
	Action taken as confirmed during the inspection: There are a number of service user's attending Rosebrook House for one or two days per week. The initial reviews of their day care placement are now taking place within a proportionate timescale.	

<p>Recommendation 5</p> <p>Ref: Standard 17.2</p>	<p>The registered manager should ensure that any shortcomings in compliance with the regulations and minimum standards are reported to the registered person.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussions with the manager confirmed any shortcomings in compliance with regulations and minimum standards are discussed with the manager's line manager and recorded in her formal supervision records. A random review of identified monthly monitoring reports also confirmed this.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 7.5</p>	<p>There was some evidence of an improvement in the frequency of completion of progress records and the manager should ensure that this standard is monitored and maintained.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The care inspector's random review of the progress care notes in five service user's care files confirmed these were completed in accordance with standard 7.5.</p>		

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

Is Care Safe?

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

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

- Care Management Guidelines
- Infection Control policy.

The manager informed the inspector the Trust do not have a Continence Promotion policy or internal centre continence promotion guidelines. These are identified areas for improvement.

Service users attending Rosebrook House have a diagnosis of dementia. Staff, where appropriate and safe, encourage and enable service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach underpinned by strong core values was used with service users.

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

It can be concluded care was safe in Rosebrook House.

Is Care Effective?

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

Discussions with two care assistants concluded staff were respectful, sensitive and diplomatic in the language used to support and assistance service users who have dementia. Staff described how they ensure service user's privacy and dignity were respected; and were knowledgeable about the use of personal protective equipment and where continence products are stored.

Staff explained some service users only need staff support to orientate them to the bathroom and others need the assistance of one staff member. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control. During a tour of the environment, it was noted personal protective equipment (PPE) was not in closed or covered storage in toilets or bathrooms. In the interests of infection prevention and control this is an area for improvement.

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

- How the service user is approached
- The language used by staff
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The 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.

The manager informed the care inspector continence awareness information or training will be provided for staff in September 2015. It can be concluded care is effective in Rosebrook House.

Is Care Compassionate?

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

The inspector met with a total of six service users in two small groups in the dining room over the lunch period and with all seven service users mid afternoon in their group room. Observations of interactions between service users and care staff reflected they were treated with respect and kindness. Discussions with six service users concluded staff were sensitive and respectful if they need support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

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	3	1
Service Users	8	2

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

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

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

The care inspector's overall assessment of this standard shows the quality of care to be compassionate, safe and effective, however improvements are needed in identified areas.

Areas for Improvement

Three identified areas for improvement were needed regarding RQIA's review of standard 5. These concerned:

1. The personal care and continence information in service user's care plans to ensure they fully reflect the specific staff support and assistance needed.
2. Devising a Continence Promotion policy.

3. Storage of personal protective equipment (PPE)

Number of Requirements:	0	Number of Recommendations:	3
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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 Trust corporate policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff.

Discussions with six service users, two staff and the manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector concluded safe care is delivered in Rosebrook House.

Is Care Effective?

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

Examples were given by the manager and staff of how service users were involved and were included in the service; for example: there was a suggestion box; informal discussions with staff; annual quality assurance surveys and their annual review of their day care placement.

Discussions with the manager concluded formal service users meetings do not take place in Rosebrook House. Management and care staff meet with service users on an informal daily basis about their satisfaction with the various aspects of Rosebrook's day service provision. These discussions were not recorded. This is an identified area for improvement and was shared with the manager.

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

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

- Quality of day service
- Staff attitude and quality of care provision
- Quality of the environment
- Quality of transport.

The evaluation report is currently a work in progress. A discussion took place with the manager that this should contain:

- an overview of the action/s taken from the previous survey of Rosebrook House;
- the methods used to obtain the views and opinions of service users which incorporates any comments made;
- includes if any issues or areas for improvement were identified;
- actions to be taken on any identified areas for improvement;
- how and when the evaluation report will be shared with service users and their carers/representatives.

Complaints

The Trust's complaints policy dated 1 April 2009 was retained in the Rosebrook House complaints file. The manager was advised to replace this policy with the Trust's current February 2013 complaints policy.

Since the previous care inspection, no complaints had been recorded in the Rosebrook House complaints record. A discussion took place with the manager that any area of dissatisfaction should be recorded and investigated in accordance with minimum standard 14.10.

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

Compliments

The manager informed the inspector numerous verbal compliments and thank you notes and cards had been received by the centre since Rosebrook's previous inspection. The manager was advised to ensure any future cards and notes received are dated and to retain these compliments in a box or file.

Monthly Monitoring Reports

Four monthly monitoring reports from April to July 2015 inclusive were reviewed during this inspection. The monthly monitoring reports were qualitative and informative and reflected the views and opinions of service users and their carers/representatives.

The inspector concludes the quality of care provision in Rosebrook House was effective, however areas for improvement were identified.

Is Care Compassionate?

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

The inspector met with a total of six service users, mostly in small groups around two tables in the dining room and a group discussion mid afternoon in the activity room. Observations of interactions between service users and care staff reflected they were treated with respect and kindness.

Discussions with six service users concluded the quality of their lives has improved significantly as a result of their attendance at Rosebrook House. Service users informed the inspector the care they receive from staff was excellent and the centre was a lifeline to them. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the Rosebrook House service.

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

- *“This place is fantastic, the staff are great.”*
- *“I get up through the night to prepare for coming. I really look forward to it.”*
- *“The staff are excellent.”*
- *“I love coming here, it gets me out of the house and I meet people.”*
- *“I really enjoy coming here and I’m not just saying that. Everything is great.”*
- *“This is good place, I like it here.”*

No concerns were raised.

RQIA Questionnaires

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

Questionnaire’s issued to	Number issued	Number returned
Staff	3	1
Service Users	8	2

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

- *“No complaints.”*
- *“Very satisfied.”*
- *“Good staff, no complaints.”*

It can be concluded the quality of care provision in Rosebrook House 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 regarded:

1. Service users meetings.
2. The recording of service user's views and opinions or where appropriate their carer/representative on initial and annual review reports about their attendance in Rosebrook House.

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 substantially met.

5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Two accidents/untoward incidents had been recorded since the previous care inspection of Rose House. These were reviewed by the care inspector and were being maintained in accordance with regulation 29.

5.5.2. Progress Care Notes

The progress care notes from six service user's care files were randomly reviewed during this inspection. There was frequent use of the "*in good form*" used in care notes. A discussion took place with the manager about the need for care notes to be objective and for staff to avoid subjective comments.

5.5.3. Management and Control of Operations

A new manager of Rosebrook House and The Brook was appointed in July 2015. A discussion took place with the manager and deputy manager concerning consistency for staff and service users which will contribute to the effective day to day running of Rosebrook House. The manager was asked to consult with staff in both Rosebrook and The Brook residential unit to establish set days for management to be based in Rosebrook House. This is an area identified for improvement.

5.5.4. Staff Training

Review of Rosebrook House's previous QIP and discussions with staff concluded moving and handling and Difficile S training is outstanding for staff. The Trust's moving and handling trainer is on sick leave and management has been made aware of the need for Difficile S training. These are identified areas for improvement.

5.5.5. Provision of Lunch

Lunch is prepared and cooked in the onsite Brook residential unit for residents with dementia and delivered in a heated trolley to Rosebrook. Despite choices being offered to residents in

the home, choices of lunch and dessert are not offered to service user's attending Rosebrook House. However, the cook has been made aware of service user's dietary needs, their likes and dislikes and an alternative meal is provided when this is necessary. Discussions with service user's concluded they were satisfied with the quality, quantity and presentation of the lunch meal provided.

Standard 10 was discussed with the manager and staff and it was agreed the deputy manager or manager would meet with the cook/s in The Brook so that choices of lunch and dessert are offered to service users in Rosebrook House. A discussion also took place about reviewing the current format of the service's daily menu. The lunch meal is currently written on a small board in the dining room, photographs of the choice of meals should also be considered on a larger board. This will provide a visual cue for individuals with poor or limited verbal communication due to their level of dementia. These were identified areas for improvement.

5.5.6. Environment

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

Areas for Improvement

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

1. Provision of training for staff.
2. Review of the current Rosebrook House management arrangements.
3. Offering service users a choice of lunch and dessert.
4. Service user's progress care notes.

Number of Requirements	1	Number Recommendations:	3
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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 Mrs Caroline Bucklee, manager and the deputy manager 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 20(1)(c)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 11 February 2016 for both</p>	<p>The registered person must ensure the following training is provided to staff:</p> <ul style="list-style-type: none"> (a) moving and handling (b) Difficile S <p>The returned QIP must state the dates when the above training will be delivered.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Difficile S training was completed on 13th August 2015 for all day care staff.</p> <p>Moving and Handling Training has been highlighted to the training department and we secured training on 5th November 2015.</p> <p>Contenance Awareness training has been arranged for 14th October 2015.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be Completed by: 25 October 2015 for all</p>	<p>With regards to care plans and continence promotion, the manager should ensure:</p> <ul style="list-style-type: none"> (a) She signs the two identified service user's care plans and ensure all other care plans are signed by the relevant individuals (standard 5.3 refers). (b) the care plans are reviewed of those service users who need staff support or assistance. Where relevant, the revised care plans should reflect the name and size of continence product and where these are stored (standard 5.2). (c) respectful wording/language is used concerning continence promotion in service users care plans.
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The care plans identified during the inspection have been signed off.</p> <p>Audit has been completed to ensure all other plans have also been signed. The manager continues to be informed by the Senior Day Care Worker of any new/amended care plans requiring signatures on a daily basis.</p> <p>Care plans have been reviewed and updated with regards to continence care and promotion, ensuring all language is respectful and appropriate. Care plans now also contain pertinent information relating to continence</p>

	care and promotion.
Recommendation 2 Ref: Standard 7 Stated: First time To be Completed by: Immediate and ongoing	<p>The manager should ensure service user's progress care notes are objective and factual. The terminology 'in good form' is subjective and should be avoided unless it is backed up by factual observations of the service user's facial expression, body language, behaviour etc.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All staff have been updated on the necessary content of progress care notes. Note audits are completed by the senior day care worker and manager on a monthly basis to ensure that this standard continues to be met.</p> <p>Day care staff are also to be progressed for an update of their Record keeping and Legal Issues training.</p>
Recommendation 3 Ref: Standard 8.2 Stated: First time To be Completed by: Immediate and ongoing	<p>The manager should ensure records are made of service users meetings. Meetings should take place on different days to take account of service users who only attend one or two days per week. The minutes of meetings should contain:</p> <ul style="list-style-type: none"> • an agenda, • who attended, • the outcomes of actions taken as a result of the previous meeting • a summary of discussions • any action that is needed as a result of the current meeting.
	<p>Response by Registered Person(s) Detailing the Actions Taken: Service user meetings are now in place and are held quarterly within the unit. The day on which these are held will be varied to capture feedback from all service users.</p> <p>Feedback is given to the manager and an action plan is drawn up if required. A record is kept on site.</p>
Recommendation 4 Ref: Standard 27.3 Stated: First time To be Completed by: Immediate and ongoing	<p>In the interests of infection prevention and control, the manager should ensure personal protective equipment (PPE) is not stored openly in toilets and bathrooms. PPE should be in covered/closed storage.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All PPE is stored in covered, clear plastic containers in the bathroom facilities.</p>

<p>Recommendation 5</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The manager should ensure service user's initial and annual review reports about their day care placement:</p> <ul style="list-style-type: none"> (a) reflects their views and opinions of the day service. If the service user is unable to express these due to their level of dementia, the views and opinions of their carer/representative should be recorded. (b) Include all other relevant information as per standard 15.5. <p>Response by Registered Person(s) Detailing the Actions Taken: Day Care documentation has been updated to ensure that all essential information is captured and that the needs and opinions of the service user are central. Reviews continue to be completed within stipulated time frames.</p>
<p>Recommendation 6</p> <p>Ref: Standard 10.2 and 10.3</p> <p>Stated: First time</p> <p>To be Completed by: 11 October 2015</p>	<p>With regards to the provision of lunch for service users; the manager should ensure:</p> <ul style="list-style-type: none"> (a) the menu offers a choice of meal including those on therapeutic or specific diets (standard 10.2). (b) photographs of the choices of meal are displayed in an appropriate location on a larger board (standard 10.3). <p>Response by Registered Person(s) Detailing the Actions Taken: Choice is now offered with regards to meals at the unit. Staff discuss and record menu options with service users one week in advance. This is to facilitate the ordering/preparation of meals from The Brook. A large menu board is now in place within the unit, with photographs of the daily meals displayed.</p>

<p>Recommendation 7</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p> <p>To be Completed by: 25 September 2015</p>	<p>The manager should ensure the day care setting delivers services effectively on a day to day basis with regards to consistency for staff and service users. The manager should ensure appropriate daily management arrangements in consultation with service users and staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The manager continues to be in daily contact with day care staff and is based on the premises for approximately 2 days per week. Staff are aware of times when the manager will be on site.</p> <p>A competency tool has also been devised and completed for the Senior Day Care Worker to ensure that appropriate arrangements are in place when the manager is not on site.</p>
<p>Recommendation 8</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be Completed by: 11 November 2015</p>	<p>In accordance with the list of policies in appendix two of the minimum standards, the registered persons should devise a Continence Promotion policy. In the interim period the manager is advised to establish written continence promotion guidelines for Rosebrook House</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A Continence Promotion Guideline was developed in August 2015 and has been shared with day care staff. A draft Continence Promotion Policy is currently held within the NHSCT pending approval.</p>

Registered Manager Completing QIP	Caroline Bucklee	Date Completed	23-09-2015
Registered Person Approving QIP	Tony Stevens	Date Approved	28/9/15
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	30.09.15

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