

Unannounced Care Inspection Report 16 February 2017



Rosebrook House

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Rosebrook House took place on 16 February 2017 from 10.45 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the day care setting was found to be delivering safe care to service users. Observations of care practices provided evidence there was a culture of ensuring service users were safe and protected from harm. The deputy manager responsible for Rosebrook House in the absence of the registered manager provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were being well maintained. There was one area for quality improvement relating to safe care identified during this inspection. This regarded a replacement sink in the assisted bathroom.

Is care effective?

On the day of the inspection it was assessed that the care in Rosebrook House was effective. Observations of staff interactions with service users; discussions with a total of four service users and two care staff provided evidence the care was effective. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. There was evidence of improvements in these areas since the day care setting's previous care inspection. Two areas for quality improvement relating to effective care were made as a result of this care inspection. These areas regarded the need for service user's general assessments and accident and untoward incident documentation.

Is care compassionate?

On the day of the inspection Rosebrook House was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with four service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There were no areas identified for improvement in this domain as the result of this inspection.

Is the service well led?

The review of a random sample of documentation provided evidence that improvements had been made in the previous year in Rosebrook House regarding effective leadership, management and governance arrangements and the audits of care information in service user's care files. The culture in Rosebrook House was focused on the needs of service users. There were two areas identified for quality improvement during this inspection. These regarded an annual report, monthly monitoring visits and their reports.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the QIP within this report were discussed with Aisling Kelly, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation / registered person: Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	Registered manager: Mrs Caroline Bucklee
Person in charge of the day care setting at the time of inspection: Ms Aisling Kelly, Deputy Manager	Date manager registered: 14 September 2015

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- Previous care inspection report
- Records of notifiable events received by RQIA from 11 August 2015 to 16 February 2017 (three were randomly sampled)

Specific methods/processes used in this inspection include the following:

- Discussion with the deputy manager

- Discussions with four service users
- Discussion with one visiting professional
- Discussions with two care staff
- Examination of records
- File audits
- Evaluation and feedback

The deputy manager was provided with 12 questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; two staff members and five relatives for their completion.

The questionnaires asked for service user, staff and representative's views regarding the service, and requested their return to RQIA. Eight questionnaires were returned; two service users; two staff and four relatives questionnaires were completed. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (none had been recorded since the previous care inspection)
- Compliments record (three were randomly sampled)
- Accident/untoward incident record (three were randomly sampled)
- Elements of three service users care files
- Review of three identified policies and procedures (stated in main body of report)
- Minutes of three staff meetings
- Minutes of three service users' meetings
- Staff training information
- Three monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 August 2015

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and processed by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 10 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20(1)(c)(i) Stated: First time	The registered person must ensure the following training is provided to staff: (a) Moving and handling (b) Difficile S	Met

	<p>The returned QIP must state the dates when the above training will be delivered.</p>	
	<p>Action taken as confirmed during the inspection: A review of the staff training record during this inspection showed Difficile S training and Moving and Handling training were provided to care staff on 13 August 2015 and 05 November 2015.</p>	
Last specialist inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 5 Stated: First time</p>	<p>With regards to care plans and continence promotion, the manager should ensure:</p> <p>(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).</p> <p>(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 the continence product and where these are stored (standard 5.2).</p> <p>(c) Respectful wording/language is used concerning continence promotion in service users care plans.</p>	Met
	<p>Action taken as confirmed during the inspection: The two identified service user's care plans were signed by the registered manager. The continence information in service user's care plans had been reviewed. Three care plans were randomly sampled during this inspection, they reflected the information specified in (b) and appropriate, respectful language was used.</p>	
<p>Recommendation 2 Ref: Standard 7 Stated: First time</p>	<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>	Met
	<p>Action taken as confirmed during the inspection: The progress care notes of three service users were randomly reviewed during this inspection.</p>	

	The care notes reviewed were factual, objective and compliant with Minimum Standard 7.	
Recommendation 3 Ref: Standard 8.2 Stated: First time	<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 	Met
	<p>Action taken as confirmed during the inspection: The minutes of three service users' meetings were randomly sampled during this inspection. Evidence was provided to show take place on different days so that all of the service users have the opportunity to attend and participate. The minutes contained information on all of the points stated above.</p>	
Recommendation 4 Ref: Standard 27.3 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: Personal protective equipment was observed to be stored in closed drawers/containers in bathrooms and WCs.</p>	
Recommendation 5 Ref: Standard 15.5 Stated: First time	<p>The manager should ensure service user's initial and annual review reports about their day care placement:</p> <p>(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.</p> <p>(b) Include all other relevant information as per standard 15.5.</p>	Met

	<p>Action taken as confirmed during the inspection: The annual review reports of three service users were examined during this inspection. These reflected the information specified in (a) and (b).</p>	
<p>Recommendation 6 Ref: Standard 10.2 and 10.3 Stated: First time</p>	<p>With regards to the provision of lunch for service users; the manager should ensure:</p> <p>(a) the menu offers a choice of meal including those on therapeutic or specific diets (standard 10.2).</p> <p>(b) photographs of the choices of meal are displayed in an appropriate location on a larger board (standard 10.3).</p>	Met
	<p>Action taken as confirmed during the inspection: Confirmation was obtained during this inspection that choice with regards to the lunch meal is offered to service users. Staff discuss and record the menu options with service users one week in advance to facilitate the ordering and preparation of meals from The Brook. A large menu board is now in place in the hall area which contains large laminated photographs of the two daily choices of lunch meal. Discussions with two care staff and four service users concluded these improvements have had positive outcomes.</p>	
<p>Recommendation 7 Ref: Standard 17.2 Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection: The inspector was informed by three care staff that the registered manager is based in Rosebrook House approximately two days per week and when she is not in the centre, the deputy manager would usually be based there. If neither the registered manager or deputy are based in the centre, they would tend to be onsite in the adjoining registered facility and are contactable by phone.</p>	

Recommendation 8 Ref: Standard 18.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Continence Promotion guidelines were devised in August 2015 and the Trust's Continence Promotion policy is currently in draft form. Continence Awareness training was provided to care staff on 14 October 2015.	

4.3 Is care safe?

Policies and procedures were in place in Rosebrook House which promoted the safety of service users. They were indexed, dated and ratified by the registered person. Care staff confirmed that these were accessible in the day care setting. The following three policies and procedures were randomly reviewed during this inspection:

- Management of Actual or Potential Aggression (MAPA)
- Staff recruitment
- Safeguarding Vulnerable Adults

The above policies and procedures had been reviewed within the last three years and were compliant with identified regulations and minimum standards.

On the day of the inspection no restrictive care practices were observed.

The deputy manager confirmed what the planned daily staffing levels were for the centre, and that these levels were subject to regular review to ensure the assessed needs of the service users in Rosebrook House were met. The registered manager of Rosebrook House also manages a supported living service in the same complex as the centre. If the manager is absent from the day service, the deputy manager or band 5 care staff would assume responsibility.

RQIA was told competency and capability assessments have been completed for staff who have responsibility of the centre in the absence of the registered manager. These had been reviewed during a previous care inspection of the day care setting.

There are usually three care staff working in Rosebrook with a maximum of 12 service users per day (one senior support worker and two support staff). On the day of this inspection; the registered manager was on leave and the deputy manager was responsible for Rosebrook House; there were two care staff also on duty.

Discussions with two care staff and a review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities. The following training records were reviewed during this inspection:

- Fire safety training on 19 August 2016
- A practice fire drill on 20 January 2017
- Moving and handling on 27 June 2016
- Safeguarding Vulnerable Adult training on 02 February 2016

A review of three accidents and untoward incident records showed these had been responded to and managed appropriately by care staff and management. The deputy manager stated there were no current or ongoing safeguarding concerns in Rosebrook since the previous care inspection. There have been no restrictive practices used with service users since 10 August 2015.

Care staff member clearly described knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussions with staff confirmed that they had attended safeguarding vulnerable adults training in the previous two years.

Inspection of the internal and external environment identified that the day care setting was appropriately heated, tidy, clean, suitable for and accessible to service users, staff and visitors.

A discussion with the deputy manager, two care staff and review of identified monthly monitoring reports showed a replacement sink is needed in the assisted bathroom. The existing sink is small and is becoming a safety issue for service users with dementia when they are washing their hands. The floor is becoming wet and needs to be dried frequently to ensure service users do not slip and fall. A minor capital works request was submitted to the Trust but this has not yet been approved. This is an identified area for improvement. There were no other obvious hazards to the health and safety of service users, visitors or staff.

With regards to the recruitment of staff in Rosebrook House, two new staff have been employed in Rosebrook House since the centre's previous care inspection. Confirmation was received from the Trust's Human Resources department that all of the relevant recruitment matters were adhered to and appropriate documentation retained to ensure compliance with Regulations 8, 10 and 21 and Minimum Standard 20. Consent was given by a staff member for RQIA to review their induction records. These records were compliant with Minimum Standard 21.1.

Observations and discussions with four service users concluded they felt safe in Rosebrook House.

Review of eight completed RQIA questionnaires verified that seven individuals were very satisfied and one was satisfied that the care provision in Rosebrook House was safe.

Areas for improvement

One area for improvement was identified during the inspection regarding this domain and regarded replacing a sink in the assisted bathroom.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Discussions with care staff and the deputy manager established the day care setting had responded appropriately to and met the assessed needs of the service users.

Three service users' care files were reviewed during this inspection. Two care files contained a recent photograph of each service user and the third care file regarded a service user who commenced attendance at Rosebrook House in September 2016. A photograph is needed for this care file or a statement recorded if the service user declines. This is an identified area for improvement. Copies of written agreements were in place in the respective service user's care files.

All three service users' care files contained risk assessments, for example: falls risk; moving and handling and transport. These were compliant with Minimum Standards 4 and 12. A referral was made on 25 October 2016 to the Speech and Language Team (SALT) for an assessment of an identified service user because of eating and drinking concerns. This assessment has not yet taken place. The deputy manager agreed to contact the SALT team to ask when this could be completed.

With regards to general assessments, it is acknowledged there were completed Northern Ireland Single Assessment Tools (NISAT) in place in service users' care files. These had been completed by the referring agent and were dated more than one year ago. A discussion took place with deputy manager about Minimum Standard 4 as each service user attending Rosebrook House should have an up to date general assessment of their needs with regards to the services provided. This should be reviewed on at least a yearly basis or sooner if the service user's needs change. This is an identified area for improvement. The deputy manager said management are aware general assessments are needed and as such has devised an assessment template for Rosebrook House. This is currently in draft form and waiting approval from the Trust.

There was evidence that risk and other assessments informed the care planning process and were integrated into the three service user's care plans. All three care plans were person centred, qualitative, comprehensive and compliant with Minimum Standard 5.

Review of three service users' care records confirmed initial and annual reviews of the individuals' day care placement had taken place in the previous year. The respective service users' annual review reports were compliant with Minimum Standard 15.5.

Discussions with four service users confirmed they were encouraged and enabled to be involved in the assessment, care planning and review process.

It was observed during this inspection that records were stored safely and securely in line with data protection.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, regular service users and staff meetings. Discussion with two staff members confirmed management operated an open door policy in regard to communication within the day care setting.

The day care setting's complaints record from 11 August 2015 to 16 February 2017 was reviewed during this inspection. There were no areas of dissatisfaction, concern or complaint recorded during this period.

A random review of three compliments from a service user, a relative and a student reflected positive comments about the quality of care provision in Rosebrook House.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

From September 2016, accidents and untoward incidents have been recorded on the Trust's Datix computer system. Copies of accidents and untoward incidents that occurred prior to September 2016 were made available for inspection purposes. A discussion took place with the deputy manager that in the event RQIA cannot gain supervised access to the Trust's Datix system during inspection; an appropriate hard copy of an overview summary of accidents and incidents should be in place.

Eight RQIA questionnaires were returned and provided evidence that seven individuals were very satisfied and one person was satisfied that the care provision in the day care setting was effective.

Areas for improvement

Two areas for quality improvement were identified during the inspection regarding this domain. These matters concerned:

1. Service users' general assessments.
2. Accident and untoward incident records.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

On the day of this inspection, some service users, due to the progression of their dementia and their limited short term memory, were unable to engage in conversation with the inspector or respond to questions about the quality of care provision in the centre. However, observations of their facial expression, body language and how they responded to care staff during interactions showed they were content and happy in Rosebrook House. Discussions with four service users able to converse with the inspector said they are treated with compassion, kindness and respect by care staff and management. They stated they are listened to, supported, valued and communicated with in an appropriate manner.

Discreet observations of care practices showed service users are responded to in a prompt, courteous and supportive manner by care staff. Relationships between staff and service users were observed to be relaxed and friendly. Service users also said they are given choices of what activities they participate in and what they would like for their lunch.

Discussions with care staff concluded they have a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them via informal one to one meetings; service users' meetings; annual service user satisfaction surveys; pre-review and annual review meetings.

Service users' meetings take place every few months in Rosebrook House. These are held on different days of the week so that service users who only attend one day per week have an opportunity to have their views and opinions heard. Discussions with the deputy manager and

two care staff and a review of the minutes of three meetings (25 April, 15 August and 21 November 2016) verify this. The minutes of the meetings were qualitative and compliant with Minimum Standard 8.3.

The most recent service users’ annual survey was distributed in May 2016 to service users and relatives. Thirty service users and 22 relatives completed and returned surveys. An evaluation report containing the outcomes of the survey was reviewed during this inspection. This included an action plan detailing the identified areas for improvement regarding suggestions for additional activities service users were interested in.

Some service users attending Rosebrook House, due to the progression of their dementia and their limited short term memory, are unable to share with their relative how their day in Rosebrook House went. A discussion took place with two care staff about the methods used to give feedback to relatives. Care staff said they usually have a brief conversation with relatives about the service user’s day when they drop them off home on the bus. The benefits of other methods of communication (with consent from the individual service user) were discussed.

RQIA had individual discussions with a total of four service users. The inspector assessed through observation and general discussions that the service users are happy with the quality of care provision in Rosebrook House. Examples of some of the comments made by service users are:

- “It’s great here. I love it and the girls are all brilliant. They are very good to us. It gives my husband a break.”
- “They keep this place lovely, it’s clean, tidy and well looked after. I enjoy coming here. It’s good to meet people.”
- “I enjoy coming here for the company. It gets me out of the house and gives me something to do. The girls are great and kind to us.”
- “I feel safe here and I love the lunch they give us.”

All eight completed RQIA questionnaires stated seven individuals were very satisfied and one satisfied that the care in Rosebrook House was compassionate. The following qualitative comments were recorded by relatives:

- “I cannot praise highly enough the staff who care for my husband. Not only for the care and respect given to him, but when I meet the staff I also receive their care and respect.”
- “I have no issues or concerns about my husband’s treatment at the therapy class. It’s a wonderful class altogether. My husband looks forward to attending it. The staff are superb in every way.”
- “I am very satisfied with my husband’s care. The staff are very caring and we are always greeted with smiles.”

Areas for improvement

There were no areas identified for improvement in this domain during this inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussions with two care staff concluded they have understanding of their role and responsibilities under the legislation and Minimum Standards. Staff had a clear understanding of the organisational structure. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

RQIA's registration certificate of the day care setting was displayed on a wall in the reception area of the centre.

Discussion with one care staff confirmed that staff meetings are held every few months in Rosebrook House and a random sample of the minutes of three staff meetings (17 September 2015; 01 February and 03 May 2016) verified this. The minutes of these meetings were compliant with Minimum Standard 23.8. Staff stated that there was effective teamwork and staff member are aware of their role and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. Staff consulted with clearly demonstrated their ability to communicate effectively with other healthcare professionals.

Monthly monitoring visits of Rosebrook House were not undertaken as required under Regulation 28 and Minimum Standard 17.10 as there were no visits carried out in September and October 2015; October 2016 and January 2017. RQIA was informed it is usually a locality manager who undertakes these visits and the previous locality manager had left their post in October 2016. A new locality manager has since been appointed. Should the designated person be unable to carry out these monthly monitoring visits; alternative arrangements should be put in place by the Trust. Three monthly monitoring reports were randomly reviewed during this inspection (30 September, 16 November and 22 December 2016). These reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. They qualitatively reported on the views and opinions of service users, staff and visiting professionals. However they should contain information on the outcomes of the audits of accidents, untoward incidents; complaints and care documentation to ensure the day care setting is being managed in accordance with minimum standards. Monthly monitoring visits and their reports are an identified area for improvement.

The Trust's Service Plan for 2016 – 2017 was made available during this inspection. This is qualitative, however does not contain information on all of the relevant matters that should be in the day care setting's annual report. A discussion took place about Regulation 17(1), Schedule 3. This is an identified area for improvement.

Discussions with two care staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Evidence was provided via discussions with two care staff and review of formal supervision dates to verify that individual, formal supervision is taking place in Rosebrook House. This is in accordance with Minimum Standard 22.2.

All eight completed RQIA questionnaires stated seven individuals were very satisfied and one person was satisfied that Rosebrook House was a well led service. The following qualitative comments were recorded by relatives:

- "I have no concern about my husband's care. Of all of the services available to me, this is by far the best. Thank you for this excellent service."

- “I haven’t had to raise any issues or concerns.”

Based on the findings of this care inspection there was good evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in Rosebrook House.

Areas for improvement

There were two identified areas for improvement during the inspection in this domain. These matters regarded:

1. Annual report.
2. Monthly monitoring visits and their reports.

Number of requirements	1	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Aisling Kelly, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Settings Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to web portal 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 17(1)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>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).</p>
	<p>Response by registered person detailing the actions taken: An annual service evaluation is completed for Rosebrook House Day Time therapy Unit. This takes the format of a questionnaire which is provided to all service users and their next of kin. This is then evaluated and an action plan is formulated to address any issues raised. Following this inspection, the service will now also conduct a further review annually to reflect the matters specified in The Day Care Settings Regulations (Northern Ireland) 2007. The first of these will be completed by the registered person by 30th March 2017 and a report made available to the service.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</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>
	<p>Response by registered person detailing the actions taken: The service has now updated their assesment and referral documentation to provide a more accurate and holistic assessment of servcie user need. Our Review Preparation document has also now been revised and will be completed bi-annually in line with Commuity Named Worker reviews. All new documentation will be in place for April 2017.</p>
<p>Recommendation 2</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed from: 17 February 2017</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.
	<p>Response by registered person detailing the actions taken: The importance of monitoring visits is recognised by the registered provider. If an instance should arise whereby the designated person is</p>

	<p>unavailable to conduct these, an appropriate alternative person will be appointed. Monitoring Visits will be completed monthly and greater information will be included on actions taken in respect of incidents and accidents and the appropriate sharing of any learning. The monitoring reports currently reflect on any areas for improvement and this will continue.</p>
<p>Recommendation 3 Ref: Standard 17.14 Stated: First time To be completed from: 17 February 2017</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>Response by registered person detailing the actions taken: A database has now been created for Rosebrook House Day Time therapy Unit, which will hold appropriate information in relation to reported accidents and incidents. The database is located on the service shared drive and is accessible to all staff. Information will be added and updated by the registered manager.</p>
<p>Recommendation 4 Ref: Standard 25.3 Stated: First time To be completed by: 30 April 2017</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>Response by registered person detailing the actions taken: A Works Request for this has been completed by the registered person and is now authorised. A replacement sink will be installed in the assisted bathroom after 1st April 2017.</p>



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews