



The Regulation and
Quality Improvement
Authority

Woodlands Centre
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**Unannounced Care Inspection
of
Woodlands Centre**

19 and 22 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 19 and 22 February 2016 from 14.00 to 16:00 on 19 February and 09.30 to 14:00 on 22 February 2016. 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	6

The details of the QIP within this report were discussed with Ms Marie (Brenda) Quigley, Registered Manager and a senior day care worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast HSC Trust/Belfast HSC Trust	Registered Manager: Ms Marie Quigley
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Marie (Brenda) Quigley	Date Manager Registered: 21 September 2010
Number of Service Users Accommodated on Day of Inspection: 17 on 19 February and 22 service users on 22 February 2016	Number of Registered Places: 30

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 and theme 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 plan (QIP) and it's report from the care inspection undertaken in the previous inspection year.

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

The following records were examined during the inspection:

- Two complaints
- Five compliments
- Five accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Five service users care files
- Four monthly monitoring reports.

Following the inspection four service user RQIA questionnaires were received and analysed by us. No staff RQIA questionnaires were received.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an announced estates inspection dated 22 May 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1 Ref: Regulation 28.4</p>	<p>The registered person must make arrangements for the monthly monitoring reporting to be reviewed; specifically the review must ensure the reports report on the conduct of the day care setting and do not only describe what is happening. For example:</p> <p>There must be a clear statement within the sections of the reports as to the conduct of the day care setting.</p> <p>Actions that should be followed through, must state by whom and by when.</p> <p>There must be evidence action plans are reviewed as part of the Regulation 28 visit and evidence of the action taken when improvements are not made.</p> <p>Action taken as confirmed during the inspection: The registered manager completed the QIP from the previous care inspection and said the designated person's monthly monitoring pro-forma was revised. Four monthly monitoring reports were examined during this inspection and they contain the information specified above.</p>	Met
<p>Requirement 2 Ref: Regulation 28.1</p>	<p>The registered person must ensure the regulation 28 visits and reports are always undertaken by an individual who does not manage the day care setting.</p> <p>Arrangements in this regard must be reported on the returned QIP.</p> <p>Action taken as confirmed during the inspection: Four monthly monitoring reports were examined during this inspection. The monthly monitoring visits had been completed by the registered managers of other day centres in the Belfast HSC Trust.</p>	Met
<p>Requirement 3 Ref: Regulation 28.5</p>	<p>The registered person must ensure there is a clear procedure in place which describes how the regulation 28 reports are disseminated and to whom, for example in the inspections of the day care setting policy and procedure. Furthermore information must be given to service users regarding accessing reports and how they can do this.</p>	

	<p>Action taken as confirmed during the inspection: The completed QIP from the previous care inspection of Woodlands Centre stated “information on how to access copies of the Regulation 28 visits is displayed on the wall outside the office. The policy and procedure was amended in July 2014. Amendment made to the service users guide.”</p>	Met
<p>Requirement 4 Ref: Regulation 20.1 (a) & (c)</p>	<p>The registered person must make appropriate arrangements for the staffing and access to training arrangements to be reviewed in this day care setting. Actions must be put in place and recorded on this quality improvement plan to evidence staff training and development is promoted within this day care setting and mandatory training is kept up to date to ensure staff can fulfil their role and responsibilities in this day care setting.</p> <p>Following the inspection on 18 June 2014 arrangements to deliver the following training to the appropriate staff must be reported on the returned QIP: Infection control and COSHH training.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager completed Woodlands Centre’s previous care QIP and stated “the senior day care worker would ensure training is a topic for discussion at staff meetings... and supervision.” Infection control and Control of Substances Hazardous to Health (COSHH) mandatory training was provided to staff on 21 November 2014 and 7 October 2014 respectively.</p>	

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1 Ref: Standard 15.4</p>	<p>The registered manager should review arrangements in place to consult with the service users prior to their review. Arrangements in place must evidence service users views regarding their attendance at the day care setting and their care plan are gathered prior to the review and presented at the review with their additional comments.</p> <p>Following the inspection on 18 June 2014 the pre assessment review form that had been developed and should be used in practice, stored in the service user’s files and available for future inspections.</p>	

	<p>Action taken as confirmed during the inspection: Staff in Woodlands Centre are completing a pre review form with service users prior to their annual review of their day care placement. Five annual review reports were examined during this inspection and these demonstrated service users were consulted regarding their views and opinions of the centre.</p>	Met
<p>Recommendation 2 Ref: Standard 7.2/ 7.3</p>	<p>The registered manager should make appropriate arrangements for service users to be informed regarding access to their individual records and information that is maintained by staff. For example this should be described in the settings service users guide regarding how service users can access the settings written records about them.</p> <p>Action taken as confirmed during the inspection: The completed QIP from the previous care inspection stated "service users are aware personal records are held within the day care setting. Day care workers have advised service users of the information that can be routinely accessed. A notice re. access to information in day care setting displayed on notice boards throughout the day centre. The service users guide has been amended". Discussions with a total of eleven service users concluded they are aware the centre retains care information about them and how they can obtain access to this.</p>	Met
<p>Recommendation 3 Ref: Standard 7.4</p>	<p>The registered manager should ensure the service user's individual records evidence the service user reviews are up to date, the review has been planned for, a pre review report has been completed, consultation with the service user is evident and minutes of the review are stored within the file which should identify any changes to the care plan agreed at the meeting.</p> <p>Action taken as confirmed during the inspection: The registered manager said day care workers are responsible for scheduling dates for service user's annual reviews and notify her a month in advance of when these are due to take place.</p> <p>Five service user's care files (with consent) were randomly sampled and reviewed during this</p>	Substantially Met

	<p>inspection. Four of the five files evidenced the service user had an annual review of their day care placement in the last year; a pre-review report reflected consultation with the individual and minutes of the annual review meeting were in place. The minutes identified if changes were needed to their respective service user's care plan.</p> <p>The fifth care file did not contain the documentation of the service user's most recent annual review. The registered manager said this had occurred in the last year and gave assurances the documentation regarding it would be inserted in the care file.</p>	
<p>Recommendation 4</p> <p>Ref: Standard Appendix 1</p>	<p>The registered person must ensure the settings policies and procedures are consistent with the day care settings regulations and standards. Particular attention should be given to:</p> <ul style="list-style-type: none"> • The recording and reporting care practices policy and procedure • The management, control and monitoring of the setting policy and procedure. <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed in Woodlands Centre's previous care QIP that the Trust's Recording and Reporting Care Practices procedure had been amended. The Management, Control and Monitoring of the Setting policy and procedure had been reviewed in August 2014.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 17.1</p>	<p>The registered manager should complete a competency assessment with the senior day care workers to ensure they are competent to undertake the delegated roles and responsibilities, any gaps in knowledge should be identified and a plan must be in place to address this.</p> <p>The registered manager should also give consideration to enabling the senior day care worker to undertake the QCF level 5.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager had completed the previous QIP stating “a competency assessment has been carried out. Gaps in knowledge have been identified”. A plan regarding this was finalised in August 2014. The senior day care worker commenced QCF Level 5 in September 2015.</p>		

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

Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to assessment, care planning and review. Discussions with four care staff concluded they are aware of how to access policies and procedures. There are also associated guidance and information available for staff.

With regards to continence promotion, discussions with care staff concluded 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 converse concluded staff were sensitive and respectful of their needs.

Discussions with care staff confirmed they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal needs.

Observation and service users' feedback confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of those individuals who attend. There are also sufficient numbers of toilets and bathrooms. Staff received training and information in continence management on 6 July 2015 and advice on the management of catheters on 10 September 2015. Skin awareness training was delivered to staff on 29 September 2015. Discussions with care staff concluded the training and awareness sessions were beneficial to them. Staff also said they have a working knowledge of the Trust's infection control policy.

On the day of inspection staff were observed to be confident in carrying out their duties. These duties were carried out in an organised, unhurried manner. Discussions with staff

confirmed that they were able to demonstrate an understanding of individual's assessed needs.

Discussions with eleven service users concluded they felt safe in the day centre. Staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

On the day of this inspection, it can be concluded care was safe in Woodlands Centre.

Is Care Effective?

Continence protection is stored in a cupboard in the disabled bathroom for use when needed. Personal protective equipment (PPE) is supplied and made available for staff in Woodlands Centre.

The inspector sought verbal permission from service users to inspect care records during this inspection. The care records inspected confirmed that continence care needs are discussed as part of the core assessment completed on admission. A continence information form is completed with service users who have been assessed to need support in this area. Should a service user's continence needs change, their respective assessment and care plan is updated. Where there is an assessed need for continence care, the support and assistance needed from staff was recorded in the service user's respective care plan. Risks were highlighted and the management of these risks recorded.

A review of the environment confirmed a number of bathrooms were available to meet the assessed needs of the service users. Hand washing dispensers were also available throughout the centre. Discussion with care staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Discussions with care staff also concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about personal protective equipment and where continence products are stored. Staff explained some service users need only minimal staff support with their personal care. Several service users have a preference regarding the bathroom they use.

Five service user's assessments and care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. Three service user's assessments were either dated 2013 or 2014 and there was no evidence they had been reviewed in the past year. Standard 4 (assessments) was discussed with the registered manager and senior day care worker.

Care plans were reviewed by staff with service users on a monthly basis or when changes occur, however new signatures from the service user and the registered manager are not being obtained when care plans have been updated. This is not in accordance with minimum standard 5.6 and was discussed with the registered manager and senior day care worker. The registered manager was also asked to review the order and layout of service user's care files

as some identified documentation had been filed in the wrong section e.g. annual review information was filed in the 'assessment' section of the individual's care file.

A continence promotion information form had been completed with individual service users' and was retained in their respective care file. The continence information completed regarding four of the five service users' reflected where appropriate:

- How the service user is approached
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

However pertinent information from the continence promotion form was not included in the care plans, nor were there references made for staff to refer to the continence promotion information. For example; the continence information form stated the name, size and type of continence product used by the individual and if a change of clothes were retained in the centre; but the care plans did not reflect this information. A discussion took place with the manager and senior day care worker regarding this and about the subjective wording used in one identified service user's care plan. Assurances were given to RQIA, the identified care plans would be reviewed with the service user so they fully reflect the individual's needs and rather than duplicating information, the care plan would direct staff to the continence promotion information for more detail.

An identified service user's care plan needs to be updated to accurately reflect the current equipment the individual is assessed to need to move around the centre.

Improvements are needed concerning assessments and care plans as they did not fully meet standards 4 and 5. On this occasion there was evidence to confirm that continence care and promotion provided in Woodlands Centre was effective.

Is Care Compassionate?

Staff interaction with service users was observed throughout the inspection as polite, friendly, warm and supportive. Staff discussed with the inspector the importance of meeting service users' continence care in a respectful, sensitive and dignified manner. 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.

During periods of observation it was noted that continence care was undertaken in a discreet private way.

Discussions took place with a total of 11 service users, mostly in small groups around tables in the main hall. Service users said staff were kind, patient, sensitive and respectful. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

On this occasion there was evidence to confirm that continence care and promotion provided in the centre was compassionate.

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	5	0
Service Users	5	4

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. The following qualitative comment was recorded:

- “My whole time I have been coming to this centre, the people here have been marvellous and I appreciate all they do for me. I look forward to going into woodwork, ‘staff member’ has taught me an awful lot.”

One service user had stated ‘unsatisfied’ regarding his/her answer to the following question:

- How satisfied are you that staffing levels are appropriate at all times?

RQIA contacted the registered manager by email asking her to respond to this with the identified service user.

The overall assessment of this standard showed the quality of care to be compassionate, safe and effective.

Areas for Improvement

Two areas for improvement are needed regarding RQIA’s review of standard 5. These matters regarded:

1. The review of identified service user’s assessments.
2. The review of identified service user’s care plans.

Number of Requirements:	0	Number of Recommendations:	2
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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?

A range of policies were available to promote service users involvement in the day centre and each policy sets out the principles for involving service users to ensure they have an active role in the service delivery.

Discussions with ten of the eleven service users confirmed they felt comfortable to raise any issues of concern with the registered manager or staff. They also confirmed these would be appropriately dealt with.

Five care plans inspected provided evidence that service users were encouraged to be involved in the planning of their care and, where possible actively participate in their annual care reviews.

Discussions with 11 service users and four care staff 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. Review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in Woodlands Centre during this inspection.

Is Care Effective?

Discussions with 11 service users, four care staff and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained for example: informal discussions with staff, service user meetings and their annual review of their day care placement.

Discussions with four staff concluded service users' meetings are held on a monthly basis. The minutes of three service users meetings were examined. These were qualitative, informative and reflected who attended, an agenda, a summary of discussions and the action needed.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. Four of the five review reports contained either the service user's or their representative's views and opinions of the day service. These were all very positive and complimentary about the quality of the day service. One identified service user's most recent annual review report was dated December 2013. This was discussed with the registered manager and senior day care worker. They both said the identified service user and their carer had participated in a multi-disciplinary review of the placement in the previous year and assurances were given the records of this would be retrospectively inserted in the care file.

The culture in the centre supports the wellbeing of service users, enabling them to feel valued and promoting and supporting their engagement and participation in the running of the service. Service users who took part in group discussions confirmed that they were involved in discussions about what took place in the centre. Comments received from service users were very positive in this regard.

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 a Trust wide survey distributed to service users or their representatives in 2015 and did not reflect the service users' views and opinions of Woodlands Centre. This is an identified area for improvement.

Complaints

Two complaints had been recorded in the centre's complaints record since the previous care inspection. One complaint is in the process of being investigated and the other did not contain details of the investigation or the outcome/s. Standard 14.10 was discussed with the registered manager who agreed improvements are needed in the quality of information recorded in Woodlands Centre complaints record.

Discussions with service users concluded they are aware of the centre's complaints process. Ten of the eleven service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager. One service user raised several areas of dissatisfaction with RQIA during this inspection and stated he/she could not approach the manager or staff about them and agreed to the inspector sharing these. The areas of dissatisfaction were shared with the registered manager and senior day care worker, the role of advocate was also discussed. The registered manager provided assurances to RQIA that she would meet with the service user and the identified areas of concern would be recorded in the centre's complaints record and investigated.

Compliments

Five compliments were randomly reviewed during this inspection. These were in the form of thank you cards from two student nurses, carers and service users and were very positive about the quality of care provided in Woodlands Centre.

Monthly Monitoring Reports

Four monthly monitoring reports (October 2015 – January 2016 inclusive) were reviewed during this inspection. The monthly monitoring reports reflected a summary of the views and opinions of one service user on each visit. A discussion took place with the registered manager that the designated registered person carrying out the monthly monitoring visit should meet with several service users on each visit so that the number of service users interviewed over a year is more proportionate to the total number of service users attending Woodlands Centre. The reports were qualitative and informative and meet regulation 29 and minimum standard 17.10.

On this occasion it can be concluded the quality of care provision in Woodlands Centre was effective.

Is Care Compassionate?

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

Discussions with a total of 11 service users, individually or in groups of four or five around tables in the dining room or in the hall. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users included:

- "I feel the centre has helped my confidence and helped me socially because I was lonely at home and didn't like to leave the house."

- “Staff take time to listen to me, they are available, respectful and kind to us.”
- “I love coming to the centre. I like yoga the best and I like the lunches. I’m happy here.”
- “Woodlands has increased my confidence and I’ve made friends so feel I’m more sociable.”
- “Staff are good here, they listen to us. I enjoy coming here.”
- “This is a good centre and I’m happy here.”
- “This centre gives me somewhere to go, something to do, and gives my day a purpose. It’s done me a lot of good.”

On this occasion it can be concluded the quality of care provision in Woodlands Centre was safe, effective and compassionate.

Areas for Improvement

Two areas were identified for improvement as a result of examination of this standard. These matters concerned:

1. Complaints record.
2. Annual service user quality assurance surveys.

Number of Requirements:	0	Number of Recommendations:	2
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Five accidents and untoward incident records were randomly sampled during this inspection. Accidents and incidents are recorded on the Trust’s Datix computer system. The registered manager was unsure on 19 February 2016 of the number and detail of accidents and untoward incidents that had occurred since the previous inspection, however on 22 February 2016 was able to provide RQIA with copies of completed individual accident and incident reports.

RQIA had not been notified of two accidents/untoward incidents which resulted in vulnerable adult referrals being made to the Trust’s safeguarding team, this is a breach of Regulation 29. A review of five service users’ care files showed copies of accident/untoward incident records and vulnerable adult documentation were not being retained in their respective care file. A discussion regarding this took place with the registered manager and she agreed to retrospectively insert copies of this information in the respective service user’s care file. RQIA advised the registered manager to devise hard copy recording templates which should reflect an overview of all accidents/untoward incidents and vulnerable adult referrals occurring with service users attending Woodlands Centre. These records should be readily available for RQIA inspection purposes.

5.5.2. Formal Supervision

Discussions with the registered manager concluded there are consistently used agency care staff working with service users in Woodlands Centre. These individuals are currently not receiving formal supervision in Woodlands Centre. This is not in accordance with minimum standard 22.2 and was discussed with the registered manager. This is an identified area for improvement.

5.5.3. Environment

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the main hall. All of the rooms and corridors in Woodlands Centre were being painted during this inspection. The centre was observed to be clean and generally well maintained.

5.5.4. Areas for Improvement

Three areas for improvement were identified as a result of the examination of additional areas. These matters concerned:

1. Notification of accidents and untoward incidents to RQIA.
2. Safeguarding Vulnerable Adult documentation.
3. Formal supervision of agency care staff.

Number of Requirements:	1	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Marie (Brenda) Quigley, Registered Manager and a senior day care worker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be Completed from: 20 February 2016</p>	<p>The registered manager must ensure accidents and untoward incidents are reported to RQIA in accordance with Regulation 29.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Discussed at team meeting on 30.03.2016 and a copy of Statutory notification of incidents and deaths (July 2015) had been given to staff on 22.02.2016. Copy of Statutory Notification of Incidents and Deaths July 2015 and copies of Form 1a and 2 placed at front of Datix Incident book.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be Completed by: 14 March 2016</p>	<p>The registered manager should ensure service user's assessments are current and put in place systems for these to be reviewed at least yearly or when changes occur. The three identified assessments should be updated.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All 3 identified files have been updated and reviews have been carried out.</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.2 and 5.6</p> <p>Stated: First time</p> <p>To be Completed by: 14 March 2016</p>	<p>With regards to service user's care plans, the registered manager should ensure:</p> <ul style="list-style-type: none"> (a) The identified care plans are reviewed and updated. (b) Care plans should accurately reflect the support and assistance provided by staff regarding continence promotion. (c) When a care plan is updated, the service user and manager re-sign and date these.
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>A) identified care-plans have been reviewed and updated</p> <p>B) continence promotion has been added to each care-plan</p> <p>C) Identified care-plans have been signed by both the service user and the manager</p>

<p>Recommendation 3</p> <p>Ref: Standard 8.4 and 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 23 August 2016</p>	<p>The registered manager should ensure:</p> <ul style="list-style-type: none"> (a) Service users' and where appropriate their representatives receive an annual survey regarding the quality of the day service in Woodlands Centre. This should include questions covering transport, how service user's are treated by staff; activity provision; lunch meal and the centre's environment. (b) An evaluation report is completed and shared with service users and their representatives which identifies the methods used to obtain the views and opinions of service users'; incorporates the comments made; if there were any issues raised by service users and any actions taken in response. (c) Records should be made of when (b) is shared with service users and where appropriate their representatives. <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>A) A template for a questionnaire will be drafted and when it is completed it will be shared with both service users and carers.</p> <p>B) When all responses have been received and evaluated, an informed response will be drawn up to identify any changes that will need to be undertaken and the reasoning behind them.</p> <p>C) A separate file will be used to record when questionnaire is sent out, when and who replies. Survey to be carried out each May with results collated by end of June.</p>
<p>Recommendation 4</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be Completed by: 23 February 2016 and ongoing</p>	<p>The registered manager should ensure Woodlands Centre's complaints record contains:</p> <ul style="list-style-type: none"> (a) Details and outcome/s of investigations. (b) Communications with complainants. (c) The areas of concern expressed by the identified service user during the inspection. <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>A) Within the complaints book the sections to be completed when receiving a complaint are: Date it was received, name of the person making the complaint, nature of the complaint, name of staff member who recieved the complaint, what action has been taken, is the complainant satisfied with the outcome and the date of completion.</p> <p>B) Recording of communication with complainant during the process to be recorded as appropriate and dated.</p>

	C) Issue was discussed with identified service user and he states that he is happy overall with the staffing levels, he was referring to the rare occasion when a member of staff had been called away from the weekly art group to assist another service user with their personal care		
Recommendation 5 Ref: Standard 13.7 Stated: First time To be Completed by:	With regards to safeguarding vulnerable adults; the registered manager should ensure: <ul style="list-style-type: none"> (a) copies of safeguarding concerns including referral documentation; details of the investigation, the outcome and action taken are retained in the service user's care file. (b) A tracking and audit system should be devised to monitor the number and details of safeguarding vulnerable adult referrals made and the outcomes of same. This should be made available for inspection purposes. 		
	Response by Registered Person(s) Detailing the Actions Taken: A) While copies of the safeguarding referrals are kept within a service user file, investigations and outcomes have not been shared by the safeguarding team. This will be requested in future and all investigations and outcomes to be stored within service user files. B) Safeguarding Vulnerable Adults - Tracking Reports, to be used to record all referrals to Adult Safeguarding and will be kept in the front of the Safeguarding file.		
Recommendation 6 Ref: Standard 22.2 Stated: First time To be Completed by: 23 May 2016	The registered manager should ensure consistently used agency care staff receive formal supervision with regards to their work with service users attending Woodlands Centre.		
	Response by Registered Person(s) Detailing the Actions Taken: A tripartite meeting between the manager of domiciliary care agency, support worker and day centre manager will take place at regular intervals. The support worker will continue to write daily reports of work undertaken each day, this is kept in locked file in day centre. Support workers attend service user reviews.		
Registered Manager Completing QIP	Brenda Quigley	Date Completed	06.04.2016
Registered Person Approving QIP	Martin Dillion	Date Approved	07.04.2016
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	11.04.2016

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