



The Regulation and
Quality Improvement
Authority

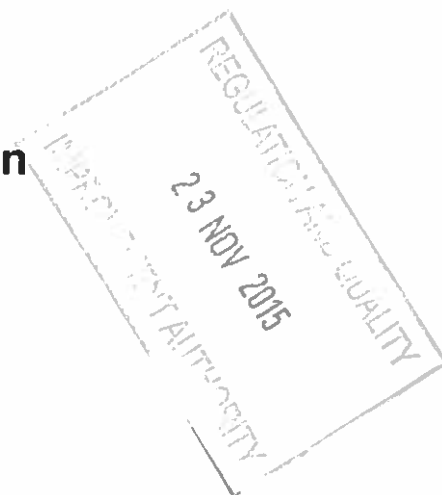
Thackeray Day Centre
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12 Ballyclose Street
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BT49 0BE

Inspector: Louise McCabe
Inspection ID: IN23328

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**Unannounced Care Inspection
of
Thackeray Day Centre**

01 October 2015



The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 01 October 2015 from 10.15 to 16.15. 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	3	5

The details of the QIP within this report were discussed with Ms Nicola O'Hara, acting senior day care worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western HSC Trust/Mrs Elaine Way CBE	Registered Manager: Mrs Sonia McDermott
Person in Charge of the Day Care Setting at the Time of Inspection: Nicola O'Hara, acting senior day care worker	Date Manager Registered: 27 September 2010
Number of Service Users Accommodated on Day of Inspection: 14	Number of Registered Places: 20

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 used in this inspection included the following:

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 report from the care inspection undertaken in the previous inspection year.

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 12 service users and had discussions with two staff.

The following records were examined during the inspection:

- Two Complaints and one compliment
- One accident/untoward incident
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Five service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home/service/agency was an announced care inspection dated 7 November 2014. 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 7(a)	The registered person should review and revise the Service User Guide for Thackeray Day Centre to make it more accessible to service users and their representatives.	Partially Met
	Action taken as confirmed during the inspection: Thackeray Day Centre's service user guide was reviewed in January 2015. It is user friendly, however requires further reviewing as it reflected the name of the acting manager. The registered manager has returned to her post in Thackeray Day Centre and the service users guide should be updated.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 17.2	The registered person should ensure that the self-assessment, prepared by the provider in advance of the inspection visit, contains sufficient narrative to support the stated compliance level.	Not Applicable
	Action taken as confirmed during the inspection: RQIA inspection self-assessments ceased on 31 March 2015 and replaced with an optional improvement tool for the service to complete and retain.	
Recommendation 2 Ref: Standard 21.8	The training records should include, for each training event, the qualification of the trainer and the content of the training programme. This recommendation was made at the previous inspection and is restated here.	Met
	Action taken as confirmed during the inspection: Thackeray Day Centre's staff training record was reviewed during this inspection and included the information above.	

Recommendation 3 Ref: Standard 5.2	It is recommended that care plans should be developed to include greater detail and clarity of each person's care plan objectives and the associated actions required of staff.	Met
	Action taken as confirmed during the inspection: Five service user's care plans were reviewed during this inspection and a further recommendation is made in this QIP. Where relevant, the personal care (continence promotion) section of service user's care plans is reviewed so that it fully reflects the individual's needs and the staff support and assistance needed.	

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. There are also associated guidance and information available for staff.

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

- Day Care Services Assessment, Care Planning and Review policy
- Infection Prevention and Control Manual.

The registered manager informed the inspector the Western HSC Trust do not currently have a continence promotion policy. In the absence of this the manager was advised to devise centre guidelines on continence promotion for service users. The Day Care Services Assessment, Care Planning and Review policy was dated May 2012. Standard 18.5 states:

"Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision..."

The identified policies and procedures are an identified area for improvement.

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.

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 concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserved 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 improvements are needed regarding identified policies and procedures, however care was safe in Thackeray Day Centre.

Is Care Effective?

Five service user's care plans were reviewed 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 staff 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 the use of hoists, slings, personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users have a preference regarding the bathroom they use. Based on the current numbers and needs of service users in Thackeray Day Centre; the registered persons are asked to review the current toilet provision in the centre as there is only one large toilet available for service users who have mobility needs or who need staff assistance.

Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

The assessments of five service users were reviewed during this inspection; there was no evidence that these had been reviewed in the previous year. A discussion took place with the acting senior day care worker about the need for systems to be in place to review assessments at least yearly or sooner if the service user's needs change.

Review of five service user's care plans showed these to be person centred, comprehensive and partially reflective of the individual's needs. Improvements are needed to ensure the personal care/continence sections in care plans fully reflect the service user's needs and preferences. Where relevant, the revised care plans should reflect:

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

Evidence was provided in three care plans showing new signatures were not obtained from the service user or where appropriate their representative, the staff member and the registered manager when the care plan was updated. One identified care plan had not been reviewed in the previous year. A discussion took place with the acting senior day care worker that when there is no change in a service user's care plan, it should be reviewed at least annually and the care plan should state there has been no change.

Improvements are needed regarding the review of assessments and care plans and toilet provision; however it can be concluded care was effective in Thackeray Day Centre.

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.

Discussions took place with a total of 12 service users, mostly in small groups around tables in the dining room and individually with others. Service users said staff were sensitive and respectful if they needed 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.

It can be concluded care was compassionate in Thackeray Day Centre.

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	3
Service Users	5	5

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 comments were recorded:

- *"The care is very good."*
- *"First class."*
- *"Staff are very good."*

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

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

Two staff members stated the following in their completed RQIA questionnaires:

- *"Sourcing dementia training can be difficult."*

- *"I would like more training in mental health/dementia."*

The registered manager is asked to respond to these areas. The overall assessment of this standard showed the quality of care to be compassionate, safe and effective.

Areas for Improvement

Three identified area for improvements are needed regarding RQIA's review of standard 5. These matters concern:

1. The Trust devising a continence promotion policy and reviewing the Day Care Services Assessment, Care Planning and Review policy.
2. Review of care plans for those individuals who have continence support needs.
3. Review of toilet provision in the centre.

Number of Requirements:	1	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?

The day service has corporate Trust policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff. The following procedures were in place:

- Personal and Public Involvement leaflet – Have your say!
- Thackeray Day Care Centre statutory complaints procedure
- Complaints Policy
- WHSCT Complaints leaflet.

The Trust's Personal and Public Involvement leaflet was dated May 2012 and the Trust's complaints policy was dated May 2011. These should be reviewed so they are in accordance with standard 18.5.

Discussions with 12 service users, two staff and the acting senior day care worker 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 Thackeray Day Centre.

Is Care Effective?

Discussions with the acting senior day care worker, 12 service users; two 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: there is a suggestion box in the reception area; informal discussions with staff, service user meetings; annual quality assurance surveys and their annual review of their day care placement.

With the exception of the summer months; review of the minutes of three service users meetings showed these were held on a three monthly basis. In consultation with service users; consideration should be given to more frequently held meetings. The minutes of the meetings reviewed during this inspection were dated: 24 February; 19 May and 3 September 2015. The minutes were qualitative and informative and contained an agenda, the names of the service users who attended and a summary of discussions. However they did not contain details regarding any action that was needed; who is responsible for this and time frames. This is an identified area for improvement. There was evidence that service users views and opinions are sought and form the basis of all discussions.

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. All five review reports contained either the service user's or their representative's qualitative views and opinions of the day service.

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 distributed to service users and their representatives in the middle of September 2015. The surveys encompassed the quality of: care, transport, activities and lunches. There were questions regarding the environment.

Assurances were given that an evaluation report will be completed when all the returned surveys are analysed. Records should be made of when and how the evaluation report is shared with service users.

Complaints

Since the previous care inspection, two complaints had been recorded in Thackeray Day Centre's complaints record. The complainant's name was not specified. For the purposes of reviewing this information and cross referencing this in service user's care records; a discussion took place with the acting senior day care worker that the service user's name or an identification number or code should be used in complaint records.

Both complaints had been investigated, however the complainant's name was not specified and details of their concerns were brief. The outcomes of both were recorded, one stated: *"Appeared satisfied with the outcome."* Complaints records should state if the complainant was or was not satisfied with the outcome. If they were partially satisfied, records should reflect the parts they were satisfied with and the parts they were not. It should also be recorded if the complainant was advised of the next steps in the complaints process regarding the area/s they are unsatisfied with. It can be concluded the complaints record was not being maintained in accordance with minimum standard 14.10. Improvements are needed in the above areas.

Discussions with 12 service users concluded they were 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

One compliment was reviewed during this inspection, it was a thank you card which was positive and complimentary about the quality of care provision in Thackeray Day Centre. The registered manager completes a monthly form summarising the compliments received that month and forwards this to the directorate in the Trust.

Monthly Monitoring Reports

Three monthly monitoring reports 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 designated registered person should be commenting on the quality of accident, untoward incidents and complaints records. This was discussed with the registered manager.

It can be concluded the quality of care provision in Thackeray Day Centre was effective, however improvements are needed concerning policies and procedures and the minutes of service users' meetings.

Is Care Compassionate?

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

Discussions with a total of 12 service users in small groups around tables in the dining room during the morning and early afternoon. Observations of interactions between service users and care staff reflected they were treated with respect and kindness.

Discussions with 12 service users concluded the quality of their lives has improved significantly as a result of their attendance at Thackeray Day Centre. 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 about the day service included:

- *"The care is excellent, it's the best centre I've been at."*
- *"The staff are magnificent, they go over and above the call of duty to help us. They are all brilliant."*
- *"I couldn't praise the staff high enough. They listen to us and are very kind."*
- *"I love coming here, it gets me out of the house, meeting people and gives me something to do."*
- *"You couldn't get better care anywhere. The staff are attentive, I enjoy the activities and the lunches are tasty."*

- *"It's a really good centre, the manager and staff are dedicated. I enjoy coming here and don't like to miss it."*

No concerns were raised.

RQIA Questionnaires

Review of the questionnaires indicated all of the service users were either very satisfied or satisfied regarding the areas of 'is care safe, effective and compassionate' which related to the quality of care provision and that their views and opinions were sought.

It can be concluded the quality of care provision in Thackeray Day Centre was safe, effective and compassionate.

Areas for Improvement

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

1. Review of identified policies and procedures.
2. Minutes of service users' meetings.

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

5.1. Accidents and Untoward Incidents

One accident and untoward incident form was examined during this inspection. The service user's name or unique identifier number was not specified on the form. For the purposes of reviewing this information and cross referencing this in service user's care records; a discussion took place with the acting senior day care worker that the service user's name or an identification number or code should be used in accident and untoward incident records.

5.2. 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 centre. The centre was observed to be clean, tidy and well maintained. It was in the process of being decorated and the hall was being painted during the inspection.

There are two toilets in Thackeray Day Centre; one is larger and suitable for disabled service users or individuals who need one or two staff to support and assist them. The other toilet is more appropriate for service users with no mobility needs. Discussions with two care staff concluded there were occasions and key times on some days when service users with mobility needs or those who need staff support and assistance were queuing to use the larger toilet. Staff also said there are frequent lingering mal odours in the disabled bathroom. There was no window or natural light in this toilet. These are identified areas for improvement. The registered manager is asked to undertake a review of the current toilet provision in the centre.

There was a commode in the clinical room in Thackeray Day Centre used by disabled service users. There is a hospital bed with bedlinen, an overhead hoist and sink in this room. Care staff said this is removed and washed in accordance with infection control guidelines when the bed is used. The registered persons are advised to review this arrangement taking the following areas into consideration:

- (a) Install a pull cord switch at the commode so that service user's, (after a risk assessment has taken place) can use this to summon staff assistance. This will promote service user independence.
- (b) With regards to infection, prevention and control, review the changing facilities in the clinical room (as the hospital bed is currently used for changing purposes) and consider providing an appropriate changing bench.
- (c) Appropriateness of the current ventilation arrangements.
- (d) Appropriateness of the current arrangements to provide privacy i.e. lock on the door and window glazing.
- (e) Consideration should be given to converting the clinical room into a designated bathroom to accommodate service users with specific identified needs.

An unused room (the previous designated smoking room) in the day centre was being used to store unwanted items. These should be removed. The registered manager is asked to review storage provision in Thackeray Day Centre.

Areas for Improvement

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

1. Review of disabled toilet provision in Thackeray Day Centre.
2. Review of the current use of the clinical room.
3. Review of storage provision.

Number of Requirements	3	Number Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Nicola O'Hara, acting senior day care worker as part of the inspection process and shared with the registered manager following the care inspection. 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

Requirement 1

Ref: Regulation 26(2)(g)(k)

Stated: First time

To be Completed by: 2 December 2015 for all

The registered persons must ensure there is a review of:

- (a) the disabled toilet provision in Thackeray Day Centre. At present there are two toilets, one is larger and appropriate for service users with mobility needs, the other is a smaller toilet for service users not requiring staff assistance. Care staff stated there are key times during the day when service users with mobility needs or those who need staff support and assistance are (on occasions) queuing to use the larger toilet. This review may involve the need for a time limited study to identify if there are specific times there are queues for the larger toilet.
- (b) the extraction system in the larger toilet as care staff stated this can be ineffective.
- (c) light in the main bathroom. Consideration should be given to the provision of natural day light in the larger toilet.

The completed QIP must specify the outcomes of the review of (a) – (c) and if it is assessed improvements are needed, the QIP should include an action plan with timescales.

Response by Registered Person(s) Detailing the Actions Taken:

- a) The registered manager implemented time limited study on 14th October 2015 to 6th November 2015. During this time toileting facilities have been observed and monitored by staff there have been no occasions when service users have had to queue for the toilet.
- b) The registered Manager contacted estates on 5.11.15 and requested an assessment of extraction system in Disabled toilet and to review it's effectiveness. Estates attended on 9.11.15 and following assessment reported ventilation Duct had been detached from the wall, therefore was only ventilating into ceiling which may have caused ineffectiveness. Estates re attached ventilation duct, reported extraction system is fit for purpose. The registered manager will monitor effectiveness following repair and report to estates if system remains ineffective.
- c) The Registered Manager contacted Estates on 5.11.15 and requested review of lighting levels in the bathroom. To assess whether natural lighting is possible. Estates attended on 9.11.15 reported natural lighting would not be possible due to location of Disabled toilet. Lux levels will be checked this week to ensure meet regulations.

Requirement 2

Ref: Regulation 26(2)(g), (j)

The clinical room in Thackeray Day Centre currently has a commode used by service users. There is a hospital bed, commode, overhead hoist and sink in this room. The registered persons are advised to review this arrangement taking the following areas into consideration:

<p>Stated: First time</p> <p>To be Completed by: 30 December 2015 for both</p>	<ul style="list-style-type: none"> (a) Install a pull cord switch at the commode so that service user's, (after a risk assessment has taken place) can use this to summon staff assistance. This will promote service user independence. (b) With regards to infection, prevention and control, review the changing facilities in the clinical room (as the hospital bed is currently used for changing purposes) and consider providing an appropriate changing bench. (c) Appropriateness of the current ventilation arrangements. (d) Appropriateness of the current arrangements to provide privacy i.e. lock on the door and window glazing. (e) Consideration should be given to converting the clinical room into a designated disabled bathroom to accommodate service users with specific identified needs. <p>The completed QIP must state the action taken regarding (a) and (e).</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>a) The registered manager has consulted with Estates services Head of Compliance who has recommended minor capital works is submitted to business services in PCOPS. Registered Manager submitted Minor Capital Works request for installation of Pull Cord in Clinical Room on 5.11.15.</p> <p>b) The Registered Manager consulted with Trust Infection Control Nurse in regards to changing facilities currently in place and discussed consideration of changing bench. Infection Control Nurse stated from an infection control view there is no issues with current profiling bed being used for changing purposes. There is cleaning schedule in place and sheets are laundered for each individual. All staff are trained in infection control and follow PPE Procedures. The registered manager following consideration felt changing bench would be unsuitable for older frail clients with physical/health needs.</p> <p>c) The Registered Manager submitted Minor Capital Works request on 5.11.15 for installation of appropriate ventilation in Clinical Room.</p> <p>d) The registered manager consulted with Estates services Head of Compliance regarding the suggestions made for improving privacy arrangements in the Clinical Room. Estates confirmed this could be completed within operation and maintenance. He advised to submit Job Request to Estates Services Department. Registered Manager submitted Job request on 5.11.15 for lock to be fitted on Clinical Room door and appropriate window glazing to improve privacy of service users.</p> <p>e) The registered manager has considered the possibility of converting Clinical Room into disabled bathroom. The Registered manager has consulted with line manager, infection control nurse, Phil Cunningham RQIA Estates inspector and RQIA Care Inspector Louise McCabe, as a result the Registered Manager has put measures in place to ensure this room is no longer used for clinical purposes, there is another room in the</p>

	centre with a sink which will be provided if required for clinical purposes. The registered manager has requested estates assess the work to be undertaken to install a toilet in this room. Thereafter the Registered manager will submit a minor capital works request to business services in PCOPS for installation of toilet in this room.
Requirement 3 Ref: Regulation 26(2)(i) Stated: First time To be Completed by: 2 December 2015 for all	<p>With regards to storage in Thackeray Day Centre, the registered persons must ensure there is a review of storage provision and:</p> <ul style="list-style-type: none"> (a) all unwanted items are discarded and removed from the identified room in the centre. (b) if additional storage is needed, the review should specify an action plan regarding this. <p>The completed QIP must state the outcomes of this requirement.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: a) The registered manager had already forwarded disposal form to waste management on 14.9.15 for removal of condemned items. These items were collected from the Day Centre within Trust waste management procedures on 21.10.15. b) The Registered manager has reviewed storage in the Day Centre, and has ensured appropriate use of current storage within the Centre. The outcome is that no additional storage is required.</p>

Recommendations	
Recommendation 1 Ref: Standard 4 Stated: First time To be Completed by: 15 November 2015	<p>With regards to all service user's assessments; the registered manager should ensure systems are in place to review these on an annual basis or sooner if the individual's needs change.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Continence care plan's for identified service users were introduced into service users assessments in August 2015 by acting registered manager. Therefore it was not possible to review these the previous year. The registered manager reviews service users care plans and risk assessments on a yearly basis at service users review meeting or sooner if needed. In regards to continence assessments the registered manager will ensure these are reviewed during annual review meeting will be included within overall care plan, and signatures will continue to be obtained and attached to back of care plan and dated. The registered manager reviews service user assessment's sooner if there is a change to their needs.</p>
Recommendation 2 Ref: Standard 5 Stated: First time	<p>With regards to service user's care plans; the registered manager should ensure:</p> <ul style="list-style-type: none"> (a) The care plans are updated concerning service users who have continence support needs so that, where appropriate it reflects:

To be Completed by:
16 October 2015

- How the service user is approached
 - The language used by staff
 - If a preferred bathroom is used
 - The name and size of continence product used and where this is stored
 - The name and type of equipment used and the type and size of sling
 - The number of staff needed to provide assistance
 - The level of staff support and assistance needed
 - If a change of clothes is available and where these are located.
- (b) When a care plan is updated; new signatures are obtained from the service user or their representative, the staff member completing it and the registered manager.
- (c) Care plans are reviewed on at least a yearly basis and if there is no change, this is recorded.

Response by Registered Person(s) Detailing the Actions Taken:

The Registered manager will ensure care plans are updated concerning service users who have continence support needs

- Staff are aware of philosophy of care and standards of conduct and practice for social care workers to follow to ensure that the quality of care provided to service users is of a high standard.

-The registered manager will ensure the preferred bathroom is identified in continence care plan this may be decided according to the service users prescribed needs.

-The name and size of continence product is decided by continence District Nurse. Service users bring there continence product with them to Day Care on a daily basis. The registered manager has outlined in service users continence care plan where this is stored.

- The name and type of equipment used is outlined in service users manual handling risk assessment and the type of sling used. However the registered manager has now included this in continence care plan aswell.

- The number of staff needed is identified in manual handling risk assessment, the registered manager has also included this in continence care plan.

- The registered manager has identified in continence care plan if a change of clothes is available for a service user and where these are located.

b)The registered manager has ensured continence care plans which have been updated have been signed by service user or their representative and the registered manager. If care plans are updated prior to annual review this is signed by service user and registered manager or staff member if applicable. The care plan is reviewed and signatures are attached at back of care plan.

c) Service users care plans are reviewed at clients review meeting with service user, their relative/carer if able to attend and representative on an annual basis or sooner if required. Within the review it is recorded

	whether there is a change or not. Those present at the review sign care plan this is attached to back of care plan and dated.
Recommendation 3 Ref: Standard 8 Stated: First time To be Completed by: Immediate and ongoing	<p>The registered manager should ensure the minutes of service users' meetings specify if action is needed; who is responsible for this and time frames. The minutes of the next service users' meeting should contain details of the follow up action taken.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered Manager will ensure the minutes of the service users meeting specify clearly if action is needed and who is responsible for this and time frames. The registered manager will ensure the next service users meeting contains details of the follow up action taken from previous meeting.</p>
Recommendation 4 Ref: Standard 14 Stated: First time To be Completed by: Immediate and ongoing	<p>The registered manager should ensure Thackeray Day Centre's complaints record:</p> <ul style="list-style-type: none"> (a) States the name or unique identifier of the complainant. (b) Contains sufficient detail regarding the nature of the complaint made. (c) Is specific concerning the complainant's satisfaction or not with the outcome/s of their complaint. <p>Response by Registered Person(s) Detailing the Actions Taken: The Registered manager has addressed at recent staff meeting the importance of including the name or unique identifier of the complainant. To ensure it contains sufficient detail regarding the nature of the complaint made. To identify specifically the complainants satisfaction or not with the outcome/s of their complaint. The registered manager will ensure Thackeray complaint record include all of the above.</p>
Recommendation 5 Ref: Standard 18.1 and 18.5 Stated: First time To be Completed by: 31 December 2015	<p>With regards to policies and procedures; the registered persons should ensure:</p> <ul style="list-style-type: none"> (a) A Continence Promotion policy is devised. (b) The following policies and procedures are reviewed: <ul style="list-style-type: none"> • Day Care Services Assessment, Care Planning and Review • Personal and Public Involvement • Complaints policy <p>Response by Registered Person(s) Detailing the Actions Taken: a) There is no Continence Promotion Policy available within the Trust. Day Care staff have been trained in Continence Promotion. The Registered person will consult with appropriate persons regarding continence promotion Policy. b) Day Care Services Assessment, Care Planning and Review Policy has been reviewed to work alongside Core NISAT, which is requirement of RQIA. The Trust have PPI strategy and Action Plan 2012, which</p>

	applies to all services and facilities within the Trust. The Trust has Complaints Policy, with adapted protocol and pathway for the Complaints procedure within the Day Centre.		
Registered Manager Completing QIP	Sonia McDermott	Date Completed	10.11.15
Registered Person Approving QIP	<i>Eaine Way</i>	Date Approved	16.11.15
RQIA Inspector Assessing Response	<i>H. Hawley</i>	Date Approved	10.12.15

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

