

# Unannounced Care Inspection Report

## 26 January 2017



## Thackeray Day Centre

Type of service: Day Care Service  
Address: 12 Ballyclose Street, Limavady, BT49 0BE  
Tel no: 02877769450  
Inspector: Louise McCabe

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Thackeray Day Centre took place on 26 January 2017 from 10.30 to 16.30 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. Observations of care practices provided evidence there was a culture of ensuring service users were safe and protected from harm. The registered manager provided evidence via service user's assessments and care plans to verify 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 were no areas for quality improvement relating to safe care identified during this inspection.

### Is care effective?

On the day of the inspection it was assessed that the care in Thackeray Day Centre was effective. Observations of staff interactions with service users; and discussions with a total of nine service users 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. One area for quality improvement relating to effective care was made as a result of this care inspection and concerns the review of an identified service user's care plan.

### Is care compassionate?

On the day of the inspection the day care setting 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 nine 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?

On the day of this inspection the review of a random sample of documentation provided evidence that there are effective leadership, management and governance arrangements in Thackeray Day Centre. The culture in the day care setting was focused on the needs of service users. There were no areas identified for quality improvement in this domain during this inspection.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007 and the Day Care Setting Minimum Standards 2012.

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 1            | 1               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sonia McDermott, registered 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 estates inspection on 26 October 2016

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

## 2.0 Service details

|   |  |
|---|--|
| <b>Registered organisation/registered person:</b><br>Western HSC Trust/Mrs Elaine Way CBE | <b>Registered manager:</b><br>Mrs Sonia McDermott    |
| <b>Person in charge of the service at the time of inspection:</b><br>Ms Sonia McDermott   | <b>Date manager registered:</b><br>27 September 2010 |

## 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 01 October 2015 to 26 January 2017 (five were received).

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

- Discussion with the registered manager
- Discussion with nine service users
- Discussion with one care staff
- Examination of records
- File audits

- Evaluation and feedback.

The registered manager was provided with 13 questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; three staff members and five representatives 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; five service user; two staff and one relative 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 (two were randomly sampled from 02 October 2015 to 26 January 2017)
- Compliments record (five were randomly sampled from 02 October 2015 to 26 January 2017)
- Accident/untooward incident record (three were randomly sampled from 02 October 2015 to 26 January 2017)
- Elements of three service users care files
- Review of two 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 (stated in main body of report).

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the last care inspection on 01 October 2015

| Last care inspection statutory requirements   |  | Validation of compliance |
|---|--|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 26(2)(g)(k)<br><br><b>Stated:</b> First time | <p>The registered persons must ensure there is a review of:</p> <p>(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.</p> | <b>Met</b>               |

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|   | <p>(b) the extraction system in the larger toilet as care staff stated this can be ineffective.</p> <p>(c) light in the main bathroom. Consideration should be given to the provision of natural day light in the larger toilet.</p> <p>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.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The registered manager monitored use of the centre's toilet provision over a specific three week period. There were no occasions when service users queued for the toilet. With regards to the extraction system in the disabled toilet, the Trust's estates department resolved this on 09 November 2015 by re-attaching the ventilation duct to the wall. The Trust's estates department undertook a review of lighting in the identified bathroom on the same date. The provision of natural light in this bathroom is not possible due to the location of the disabled toilet. The Lux levels were checked and found to be within normal range.</p> |                             |
| <p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 26(2) (g), (j)</p> <p><b>Stated:</b> First time</p> | <p>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> <p>(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.</p> <p>(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.</p> <p>(c) Appropriateness of the current ventilation arrangements.</p>   | <p><b>Partially Met</b></p> |

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|   | <p>(d) Appropriateness of the current arrangements to provide privacy i.e. lock on the door and window glazing.</p> <p>(e) Consideration should be given to converting the clinical room into a designated disabled bathroom to accommodate service users with specific identified needs.</p> <p>The completed QIP must state the action taken regarding (a) and (e).</p>   |                   |
| <p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 26(2)(i)</p> <p><b>Stated:</b> First time</p> | <p>With regards to storage in Thackeray Day Centre, the registered persons must ensure there is a review of storage provision and:</p> <p>(a) all unwanted items are discarded and removed from the identified room in the centre.</p> <p>(b) if additional storage is needed, the review should specify an action plan regarding this.</p> <p>The completed QIP must state the outcomes of this requirement.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The unwanted items were removed from the</p> | <p><b>Met</b></p> |

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|  | identified room on 21 October 2015. The registered manager reviewed the centre's storage and concluded no additional storage is required.  |                                 |
| <b>Last type e.g. care inspection recommendations</b>                          |  | <b>Validation of compliance</b> |
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 4<br><b>Stated:</b> First time | 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.   | <b>Met</b>                      |
|  | <b>Action taken as confirmed during the inspection:</b><br>The assessments of three service user's were randomly reviewed during the inspection. They had all been reviewed in the previous year.  |                                 |
| <b>Recommendation 2</b><br><b>Ref:</b> Standard 5<br><b>Stated:</b> First time | With regards to service user's care plans; the registered manager should ensure:<br><br>(a) The care plans are updated concerning service users who have continence support needs so that, where appropriate it reflects: <ul style="list-style-type: none"> <li>• How the service user is approached</li> <li>• The language used by staff</li> <li>• If a preferred bathroom is used</li> <li>• The name and size of continence product used and where this is stored</li> <li>• The name and type of equipment used and the type and size of sling</li> <li>• The number of staff needed to provide assistance</li> <li>• The level of staff support and assistance needed</li> <li>• If a change of clothes is available and where these are located.</li> </ul> (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.<br><br>(c) Care plans are reviewed on at least a yearly basis and if there is no change, this is recorded. | <b>Partially Met</b>            |
|  | <b>Action taken as confirmed during the inspection:</b><br>Three service user's care plans were randomly reviewed during this inspection. One identified   |                                 |

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|  | care plan did not specify the type of continence product used and where these are kept or stored. Part of this recommendation will be stated for a second time. Two of the three care plans had not been signed by the registered manager, however this was completed during the inspection. All three care plans had been reviewed in the last year.                                  |            |
| <b>Recommendation 3</b><br><br><b>Ref:</b> Standard 8<br><br><b>Stated:</b> First time             | 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.   | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>The minutes of three service user's meetings were reviewed during this inspection. They were compliant with standard 8.   |            |
| <b>Recommendation 4</b><br><br><b>Ref:</b> Standard 14<br><br><b>Stated:</b> First time            | The registered manager should ensure Thackeray Day Centre's complaints record:<br><br>(a) States the name or unique identifier of the complainant.<br><br>(b) Contains sufficient detail regarding the nature of the complaint made.<br><br>(c) Is specific concerning the complainant's satisfaction or not with the outcome/s of their complaint.                                    | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>The centre's complaints record was reviewed during this inspection and showed compliance with the above information   |            |
| <b>Recommendation 5</b><br><br><b>Ref:</b> Standard 18.1 and 18.5<br><br><b>Stated:</b> First time | With regards to policies and procedures; the registered persons should ensure:<br><br>(a) A Continence Promotion policy is devised.<br><br>(b) The following policies and procedures are reviewed: <ul style="list-style-type: none"> <li>• Day Care Services Assessment, Care Planning and Review</li> <li>• Personal and Public Involvement</li> <li>• Complaints policy.</li> </ul> | <b>Met</b> |

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|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>The Western HSC Trust has devised protocol and guidance regarding the Promotion of Continence in day care and residential care home settings. The implementation date was January 2016, this has not yet been ratified by the registered person. The three policies specified in (b) have been reviewed.</p> |  |
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#### 4.2 Is care safe?

Policies and procedures were in place in the Thackeray Day Centre which promoted the safety of service users. They were indexed, dated and ratified by the registered person. Care staff confirmed these were accessible in the day care setting. The policies, procedures and guidance specified in section 4.1 were reviewed during this inspection:

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

The registered manager described 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 were met. There is a registered manager, two permanent day care assistants and two support service staff. There are three day care assistants on the bank rota who are used on an as and when required basis. The registered manager and two day care assistants are working in Thackeray Day Centre on a daily basis. If the manager is absent from the day service, identified staff are responsible for the day care setting. Competency and capability assessments were 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.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities. The record showed the most recent fire safety training and fire drill of Thackeray Day Centre occurred on 22 September 2016. No issues or concerns were raised.

Thackeray Day Centre's accident and untoward incident records are recorded on the Trust's Datix computer system. Should a situation arise whereby a care inspector is unable to gain supervised access to the Trust's computer system to view these records, the registered manager was advised to ensure a hard copy containing an overview of each accident / incident or it's Datix printed copy is retained for inspection purposes. The registered manager agreed to this and completed same during this inspection. Details of the respective accident or untoward incident is recorded in the individual service user's care file and cross referenced in their care notes.

A random review of three accidents and untoward incident records which had occurred since the centre's previous care inspection showed these had been responded to and managed appropriately. The registered manager stated there were no current or ongoing safeguarding concerns and is aware of her reporting responsibilities to the Trust and RQIA regarding this.

The staff member spoken with clearly described knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion 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. There were no obvious hazards to the health and safety of service users, visitors or staff.

There have been no new care staff recruited in Thackeray Day Centre since the previous care inspection.

Observations and discussions with nine service users concluded they felt safe in Thackeray Day Centre.

Review of eight completed RQIA questionnaires verified that everyone was 'very satisfied' that the care provision in Thackeray Day Centre service was safe.

### Areas for improvement

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

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
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### 4.3 Is care effective?

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

Three service user's care files were reviewed during this inspection. There were photographs of each service user in their respective care file, this is compliant with Regulation 19(1)(a), Schedule 4. Copies of written agreements were in place in the respective service user's care files. They were compliant with Minimum Standard 3.

All three service user's care files contained current general and risk assessments which were compliant with Minimum Standard 4. There was evidence that risk and other assessments informed the care planning process and were integrated into the respective service user's care plan.

Two of the three service user's care plans were fully compliant with Minimum Standard 5. Section 4.1 contains information of about the third care plan reviewed during this inspection.

Review of three service user's care records confirmed annual reviews of their day care placement have taken place or are due to be held in the next couple of weeks. Service user's annual review reports were compliant with Minimum Standard 15.5.

Discussions with nine 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 the staff member confirmed management operated an open door policy in regard to communication within the day care setting.

The day care setting's complaints record was reviewed during this inspection. A random sample of two complaints made from 02 October 2015 to 26 January 2017 were reviewed. The complaints records were compliant with Minimum Standard 14.

A random review of three compliments made by service users, professionals and students concluded positive comments had been made about the quality of care provision in Thackeray Day Centre.

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

An RQIA estates inspection of Thackeray Day Centre took place on 26 October 2016. A recommendation had been made in the QIP for the registered provider to consider the provision of a suitable toilet (WC) and level-deck shower in the bathroom which currently contains the defective Arjo bath. This will cater for the needs of the service user unable to avail of the current sanitary facilities as well as provide showering facilities for the general use of service users in the centre when this is needed. There is currently no WC in this bathroom and the registered manager stated it is currently not being used and they are waiting on the Trust's estates department to remove the condemned Arjo bath. Minor capital works forms had been completed by the registered manager on 26 July and 18 November 2016 and forwarded to senior management in the Trust for approval. The RQIA estates inspector is following up on this recommendation.

Eight RQIA questionnaires were returned and provided evidence that everyone was 'very satisfied' that the care provision in the day care setting was effective.

### Areas for improvement

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

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 4.4 Is care compassionate?

Discussions with nine service users described they are treated with compassion, kindness and respect by staff and the registered manager. 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. Service users also said they are involved in decision making during their time in the centre.

Discussion with staff concluded they have a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Relationships between staff and service users were observed to be relaxed and friendly.

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. Discussions with nine service users, one staff member and the registered manager showed service users' meetings take place every three months. Evidence was provided via the minutes of three service users' meetings (held on 28 April, 04 and 05 August and 24 November 2016) to verify this.

The most recent service users' annual quality assurance survey was distributed in October 2016 to 34 individuals. Thirteen surveys were completed which reflected service users' high levels of satisfaction about the quality of care provision in Thackeray Day Centre. An evaluation report containing the outcomes of the survey was reviewed during this inspection. This included an action plan which detailed areas for improvement and the action taken regarding same. Positive comments were shared with the registered manager about the immediacy of her response to resolve the issues that had been raised. This provided qualitative evidence that service user's views and opinions are listened to and taken seriously.

RQIA had individual discussions with a total of nine service users. The inspector assessed through observation and general discussions that the service users were happy with the quality of care provision in Thackeray Day Centre. Examples of some of the comments made by service users were:

- "I really enjoy coming here. They are all good to me and they're kind. I enjoy the company."
- "This place is fantastic, you couldn't get better. I've been in worse hotels! They are all lovely and it's a truly good place. It gets me out of the house."
- "I love coming here, I like the chat and the craic. I would like another day."
- "Coming here helps my wife get a break so she can do what she wants. I love it here, everyone is kind and they listen to you."
- "You couldn't find a better place, they are all great. I like the companionship and it gets me out of the house."
- "I've never seen anyone not being treated well. When people need help they get it when they need it."

All eight completed RQIA questionnaires stated everyone was 'very satisfied' that the care in Thackeray Day Centre was compassionate.

### Areas for improvement

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

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|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
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### 4.5 Is the service well led?

Discussion with one 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. The 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 Thackeray Day Centre. A random sample of the minutes of three staff meetings (held on 28 April, 28 July and 27 October 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 were undertaken as required under Regulation 28. Three monthly monitoring reports were randomly reviewed during this inspection (02 September, 24 October and 23 November 2016). These reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. They were qualitative as they reported on the conduct of the day care setting, were comprehensive and compliant with Regulation 28 and Minimum Standard 17.10.

The registered manager was asked for Thackeray Day Centre's most recent annual quality report. The registered manager said this is currently work in process for the year 2015 – 2016. A discussion took place that the day care setting's annual review report must detail all of the relevant matters specified in Regulation 17(1), Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007. A copy of this report should be forwarded to RQIA when it is completed.

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

With regards to 'Is the Service Well Led' domain in the eight returned RQIA questionnaires; everyone stated 'very satisfied' on the completed forms.

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

### Areas for improvement

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

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|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sonia McDermott, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

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

**Stated:** Second time

**To be completed by:**  
28 February 2017

The registered provider must install a pull cord switch at the commode in the clinical room so that service users, (after a risk assessment has taken place) can use this to summon staff assistance. This will promote service user independence.

#### **Response by registered provider detailing the actions taken:**

The registered manager submitted a minor capital works form to install a pull cord switch at the commode in room GO127 on 23<sup>rd</sup> February 2017.

### Recommendations

#### Recommendation 1

**Ref:** Standard 5

**Stated:** Second time

**To be completed by:**  
06 February 2017

The registered provider should ensure service user's care plans specify where appropriate, the name and size of continence product used by the service user and where this is stored.

The identified service user's care plan should be updated and new signatures obtained from the service user or their representative, the staff member completing it and the registered manager.

#### **Response by registered provider detailing the actions taken:**

The registered Manager has updated identified service users care plan to include the name and size of continence product, and relevant signatures have been obtained. The registered manager will ensure this is included in other service users care plan where appropriate.

***\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\****



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