



The Regulation and
Quality Improvement
Authority

Inniscoole Day Centre
RQIA ID: 11219
Innis Avenue
Rathcoole, Newtownabbey
BT36 9NA

Inspector: Louise McCabe
Inspection ID: IN23721

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**Unannounced Care Inspection
of
Inniscoole Day Centre**

05 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 05 January 2016 from 10.00 to 16.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, and the Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with Mr Fred Fisher, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	Registered Manager: Mr Fred Fisher
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Fred Fisher	Date Manager Registered: 27 September 2010
Number of Service Users Accommodated on Day of Inspection: 32	Number of Registered Places: 75

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 include 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 it's 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 five staff and three carers/relatives.

The following records were examined during the inspection:

- Three complaints and eight compliments
- Five accidents/untoward incidents
- 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
- Four monthly monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an announced care inspection dated 12 May 2014. The completed QIP was returned and approved by the care inspector.

Areas to follow up on concerned the registration of Inniscoole Day Centre as RQIA had received an email from the Trust in July 2014 to reduce the daily numbers of service users attending Inniscoole Day Centre. RQIA forwarded the registered manager a variation application form on 17 July 2014, however this had not been completed and returned to the registration team. On the day of the inspection Mr Fisher stated after liaison with senior line management in the Trust, the daily numbers of service users attending Inniscoole Day Centre will remain at 75.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 22.2	<p>The registered manager must make adequate arrangements to improve the supervision of day care workers. Arrangements must be compliant with standard 22 criterion 2; that is individual supervision must be given to staff no less than every three months.</p> <p>Arrangements put in place to achieve this must be reported on the returned quality improvement plan.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: Discussions with five day care workers and the registered manager concluded an identified number of day care workers and the manager had been off on long term sick leave and staff had not received formal supervision in accordance with minimum standard 22.2. The identified staff members have returned to work; assurances were given by the registered manager that formal supervision would resume and occur on a three monthly basis. This will continue to be monitored during future inspections of Inniscoole Day Centre.</p>	
Recommendation 2 Ref: Standard 23.3	<p>The registered manager should complete competency assessment for the staff member(s) left in charge of the day care setting to ensure they have the appropriate skills, knowledge and training to undertake the delegated responsibilities in his absence.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager confirmed competency assessments have been completed with all day care workers in charge of the centre in his absence.</p>	
Recommendation 3 Ref: Standard 21.4	<p>The registered manager should make appropriate arrangements for the staff member with delegated responsibility in the manager absence to receive adequate training to prepare them for the management responsibility for example QCF level 5 training.</p>	Met
	<p>Action taken as confirmed during the inspection: On the day of this inspection, the registered manager said there is a duty rota for day care workers to take</p>	

	<p>turns to be in charge of the centre when he is absent. An identified staff member is interested in QCF Level 5 training and this has been shared with senior line management in the Trust. The registered manager confirmed day care workers are receiving relevant training in accordance with their responsibilities when responsible for the centre in the absence of the manager.</p>	
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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 following policies and procedures in place regarding standard 5 were:

- Inniscole Day Centre's Continence Guidelines
- Continence Policy and Procedure for Residential and Day Care Units
- Urinary Catheter Infection Control policy.

The policy and centre's internal procedures defined personal and intimate care and gave guidance to staff involved with service users who had assessed continence needs.

With regard 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.

Discussions with five 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 have received information in continence management.

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.

Service users consulted reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs. 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 Inniscoole Day Centre.

Is Care Effective?

Staff confirmed service users bring in their own continence protection which is retained by the service user or stored in a cupboard in the bathroom for use when needed.

The inspector sought verbal permission 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. 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. Staff confirmed that a sufficient supply of personal protection equipment is available to them. Hand washing dispensers were also available throughout the centre. Discussion with five 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 five 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 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.

Five service user's assessments and care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. The assessments were dated, but several only contained the month and year and not the specific date. Improvements are needed regarding this and moving and handling assessments as four of these had not been reviewed in the past year. A discussion took place with the registered manager about minimum standard 4.

Care plans were reviewed by staff with service users on a systematic basis or when changes occur. Care plans were person centred, comprehensive and reflective of the individual's needs. However, improvements were needed in one identified service user's care plan to ensure the personal care/continence section fully reflects the individual's needs and preferences. Where relevant, the revised care plan 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.

When changes were made to service user's care plans, there was no evidence the care plans had been re-signed by the service user or their representative, the staff member reviewing it and the manager. A discussion took place with the manager regarding minimum standard 5 as this is an identified area for improvement.

On this occasion there was evidence to confirm that continence care and promotion provided in Inniscoole Day 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 12 service users, mostly in small groups around tables in the dining room and individually with several others. Service users said staff were patient, 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.

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	2
Service Users	5	2

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:

- “Very helpful staff with great commitment to users of the service”.
- “The help I receive cannot be measured. I am very thankful for all the help I receive from the day centre”.

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

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

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

Areas for Improvement

Two identified areas for improvement is needed regarding RQIA’s review of standard 5. These concern the review of:

1. Review of moving and handling assessments.
2. 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.

Review of the complaints records found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately.

Service users confirmed that 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 12 service users, five staff, three carers/relatives and the manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. Review of the minutes of service users meetings and discreet observations of staff interactions with

service users concluded safe care was delivered in Inniscoole Day Centre during the inspection.

Is Care Effective?

Discussions with the manager, 12 service users 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; annual quality assurance surveys and their annual review of their day care placement.

Discussions with five staff concluded service users' meetings are held on alternate months. The minutes of three service users meetings which had taken place in July, September and December 2015 were examined. With the exception of the July minutes, the minutes were qualitative and informative. There was evidence that service user's views and opinions are sought and form the basis of all discussions. A discussion took place with the registered manager that the minutes of meetings should also include any actions agreed and who is responsible for same. Subsequent minutes of meetings should state if the previous actions were completed. This is an identified area for improvement.

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 views and opinions of the day service. These were all very positive and complimentary about the quality of the Inniscoole Day Centre 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 January 2015. The surveys encompassed the following areas:

- How service users are treated by staff in relation to respect, privacy and dignity, attitude, behaviour, communication, infection control
- Service user's overall satisfaction regarding the quality of the service
- Completion of the service user's programme or attendance
- Environment including disabled access, seating and equipment.

Individual's in the Trust's Audit and Effectiveness Office completed the evaluation report, this was informative and qualitative, however it did not state how many surveys were distributed but stated 104 completed surveys were received. The report contained a large number of positive qualitative comments made by service users. Several areas of dissatisfaction were recorded and areas for improvement were identified, however the evaluation report did not contain an overview of the action taken from the previous years survey or an action plan with timescales as a result of the current. This is an area for improvement with regards to standard 8.5. The registered manager said the next survey is due to be distributed later this month by the Trust to service users and their representatives.

Complaints

Since the previous care inspection, three complaints had been recorded in Inniscoole Day Centre's complaints record. These had been investigated and summaries of the investigation were recorded. Improvements are needed in the recording of the action taken by the manager when a complainant is partially satisfied with the outcome of the investigation, records should reflect what the complainant is not satisfied with and that they were advised of any action they could take about their specific area of dissatisfaction. This was discussed with the registered manager.

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

Compliments

Eight compliments had been recorded in the centre since previous inspection. These were in the form of thank you cards or positive comments made by service users, their carers or family members complimenting staff on their attitude, work and support.

Monthly Monitoring Reports

Four monthly monitoring reports were reviewed during this inspection. The monthly monitoring reports were qualitative and informative and reflected the views and opinions of either one or two service users and a carer on each visit. There are a maximum of 75 service users attending Inniscoole Day Centre per day, however the total number attending the centre overall is significantly more than this. There are a number of service users attending one day per week. The designated monitoring officer is advised to interview more than one or two service users during his/her monthly monitoring visits so that the views and opinions collated over the year are more proportionate to the total number of individuals attending the centre.

On this occasion it can be concluded the quality of care provision in Inniscoole Day 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 12 service users, individually or in groups of two or three around tables in the dining room at tea break and after lunch. It can be concluded the quality of their lives has improved significantly as a result of their attendance at Inniscoole 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 centre is fantastic and the staff are brilliant".
- "I look forward to coming here. It gets lonely being in the house".

- “This place is a life saver to me, I really love coming here”.
- “I came here one day a week and because I love it so much and get so much from it, I now come two days a week. I’d come every day if I could”.
- “Everyone is so kind and helpful, the girls are all brilliant and go out of their way to help us”.
- “The staff are all marvellous, the girls always have a smile on their face and would brighten up anyones day”.
- “Coming here has helped me a lot. I don’t like to miss it”.
- “Everything is great, the friendliness of the staff, the atmosphere, the tea and lunches – all for only £1.50, right from the bus drivers collecting us, they are all so helpful. Where would you get all that? It’s pure quality”.

One service user and one carer said they were dissatisfied regarding the “spicy” lunch menu offered on Tuesdays. Two other service users sitting at the same table nodded their heads in agreement. One service user said “there is only a two week menu and I have to choose sausages on the one day I come here” (sausages was the alternative meal offered on both Tuesdays). These concerns were shared with the registered manager who was asked to undertake a review of the menu and involve all service users in this. No other concerns were raised.

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

Areas for Improvement

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

1. Complaints record
2. Monthly monitoring visits.
3. The minutes of service users’ meetings.
4. Evaluation report from service users annual quality assurance surveys.

Number of Requirements	0	Number Recommendations:	4
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Five accident and untoward incident forms were randomly sampled during this inspection. The service’s accident and untoward incident records were being maintained in accordance with regulation 29.

5.5.2. Menu

Several service users and one carer informed the inspector they were dissatisfied with the spicy meals offered on the menu specifically on Tuesdays. On the day of the inspection chicken curry and rice or hotdogs and cornflake cake with custard or yoghurts were the choices for lunch and dessert.

It was noted there is a two week menu plan, this is not in accordance with minimum standard 10.7 which states: "menus are rotated over a three week cycle...taking into account service users' views."

There are a number of service users attending Inniscoole Day Centre one day per week and the other Tuesday lunch menu was sweet and sour chicken and rice or sausages with gravy. On the day of this inspection, the dessert on the menu board was not provided, service users were offered an alternative of ice-cream with chocolate sauce. Discussions with three service users concluded they were disappointed in this change.

A discussion took place with catering staff in the centre who stated cooked meals and desserts are brought into the centre as per the Trust's current contract. Catering staff said there are occasionally changes made which differ from the stated lunch or dessert on the menu plan. They said they are not informed about the changes. Minimum standard 10 was discussed with the registered manager who was asked to respond to the concerns raised and undertake a review of all service user's views and opinions of the quality and range of meals provided. The manager said individuals from the service users' committee had met with representatives from the contracted catering company in October 2015 regarding the lunch meal but agreed a further review is necessary. 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 centre. The centre was observed to be clean, tidy and well maintained.

During an accompanied tour of the centre by the registered manager, cleaning substances were observed on the top shelf of a cupboard beside an identified bathroom. The control of substances hazardous to health (COSHH) and the need to eliminate risk to service users was discussed with the manager who said these were used to clean the adjacent bathroom. The manager agreed these identified cleaning substances would be stored securely. This is an area identified for improvement.

With regard to window dressings in Inniscoole Day Centre, many of the vertical blind slats on identified windows were either broken, stained or discoloured. This was discussed with the registered manager who agreed to undertake a review of all window blinds and take action to either replace the identified slats or replace the vertical blinds. In the interest of infection prevention and control, consideration should be given to wipeable vertical blind slats. This is another identified area for improvement.

Areas for Improvement

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

1. Appropriate safe storage of cleaning substances.
2. Review of window dressings in the centre.
3. Menu and menu plans.

Number of Requirements	1	Number Recommendations:	2
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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 Mr Fred Fisher, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the 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 14(1)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 06 January 2016</p>	<p>In accordance with Control of Substances Hazardous to Health (COSHH), the registered manager must ensure unnecessary risks to the health and safety of service users are identified and eliminated. The identified cleaning solutions in the cupboard next to the bathroom must be stored securely.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: This has been actioned..</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4.3 and 4.4</p> <p>Stated: First time</p> <p>To be Completed by: 20 January 2016</p>	<p>The registered manager should ensure moving and handling assessments are:</p> <p>(a) current; reviewed at least yearly or sooner if the service user's needs change.</p> <p>(b) are specifically dated.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The review section of the moving and handling risk assessment is completed on the back page. All manual handling risk assessments are up to date and signed on initial completion and when reviewed. A further file audit is to be carried out by 29th February.</p>
<p>Recommendation 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be Completed by: 13 January 2016</p>	<p>With regards to service user's care plans, the registered manager should ensure:</p> <p>(a) The personal care section of the identified service user's care plan is reviewed so that it fully reflects his/her continence support needs (standard 5.2).</p> <p>(b) When care plans are updated or amended; signatures from all relevant parties are obtained (standard 5.6).</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All care plans meet the specification regarding continence support and personal care. A further file audit to be carried out by 29th February.</p>

<p>Recommendation 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be Completed by: 06 January 2016 and ongoing</p>	<p>The registered manager should ensure the minutes of service users' meetings also include:</p> <ul style="list-style-type: none"> (a) Any actions agreed along with who is responsible for completing these. (b) The subsequent minutes should state if all of the previous actions were completed. <p>Response by Registered Person(s) Detailing the Actions Taken: Service User's meetings are recorded by their own secretary who is also a service user. Staff who meet with the service users group will advise on the more detailed recording of actions and those responsible.</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 30 May 2016</p>	<p>The registered manager must ensure Inniscoole Day Centre's next annual service users' quality assurance evaluation report contains the following information:</p> <ul style="list-style-type: none"> (a) An overview of the outcomes of the action/s taken from the centre's 2015 survey; (b) An action plan with timescales regarding any improvements needed as a result of the 2016 survey. (c) Records should be retained of how and when the evaluation report or a copy of same is shared with service users and/or their carers and representatives. <p>Response by Registered Person(s) Detailing the Actions Taken: Last year's survey has been reviewed and actions required identified and recorded along with the survey results. This year's survey has started, completed forms to be returned by mid-February. Action plan to be drawn up when results have been processed.</p>
<p>Recommendation 5</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be Completed by: 06 January 2016 for (c) and by 31 March 2016 for (a) and (b)</p>	<p>Where meals are provided to service users in Inniscoole Day Centre, the registered manager should ensure:</p> <ul style="list-style-type: none"> (a) Based on the areas of dissatisfaction recorded in the centre's complaints record and the views obtained from identified individuals during the inspection; a review is undertaken of all service user's views and opinions regarding the overall menu and the current choices of lunch and dessert. (b) As a result of (a), the current menu plan is revised and is rotated over a three week cycle. The menu is revised at least six monthly, taking into account service users' views and the seasonal availability of foods (standard 10.7) (c) Where possible the menu is adhered to and records made of any variations made to it (standard 10.8).

	Response by Registered Person(s) Detailing the Actions Taken: Meeting held with Catering Manager, (29-1-16), menus discussed with Service User's council. Agreed changes to items on the menu, and a 3 week menu rota will be implemented from early February. Catering Dept agreed to contact Day Centre if any last minute changes are made to the menu. This will be reviewed on last Monday in February 29-2-16.		
Recommendation 6 Ref: Standard 14.6 Stated: First time To be Completed by: 06 January 2016	With regards to areas of dissatisfaction and complaints; the registered manager should ensure that when a complainant is dissatisfied or partially dissatisfied with the outcome/s of the investigation; the complaints record contains sufficient detail of what the individual is not happy with and what the manager advised concerning the next steps or options available to him/her.		
	Response by Registered Person(s) Detailing the Actions Taken: Manager has noted standard 14.6 and will complete complaints record with immediate effect.		
Recommendation 7 Ref: Standard 17.10 Stated: First time To be Completed by: 06 January 2016	The registered person should ensure the designated registered person undertaking monthly monitoring visits of the centre interviews more than one or two service users during each visit. This is so the numbers of service users interviewed over the course of the year is more proportionate to the total numbers of individuals attending Inniscoole Day Centre.		
	Response by Registered Person(s) Detailing the Actions Taken: Three Service Users are now being interviewed on each inspection visit, and this will be reflected in Monthly inspection reports		
Recommendation 8 Ref: Standard 25.1 Stated: First time To be Completed by: 06 April 2016	With regards to the maintenance of the environment, the registered manager should ensure:		
	(a) a review is undertaken of all windows with vertical blinds. Where the outcome of the review concludes slats or blinds are to be replaced; consideration should be given to infection control guidelines for these replacements e.g. blinds with wipeable slats		
Response by Registered Person(s) Detailing the Actions Taken: Window blinds have been reviewed, those that need replaced have been measured and ordered on 3-2-16.			
Registered Manager Completing QIP	Fred Fisher	Date Completed	16/02/16
Registered Person Approving QIP	Dr Tony Stevens Una Cunning	Date Approved	17/02/16
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	17/02/16

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