



The Regulation and
Quality Improvement
Authority

Age NI Day Centre at Skainos Building
RQIA ID: 11223
239 Newtownards Road
Belfast
BT4 1AF

Inspector: Louise McCabe
Inspection ID: IN023316

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**Unannounced Care Inspection
of
Age NI Day Centre at Skainos Building**

11 August 2015

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 11 August 2015 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, 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	4	7

The details of the QIP within this report were discussed with Mrs Wendy McKillion, 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: Age NI	Registered Manager: Mrs Wendy McKillion
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Wendy McKillion	Date Manager Registered: 8 September 2010
Number of Service Users Accommodated on Day of Inspection: 26	Number of Registered Places: 25

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 were used in this inspection. Prior to the inspection, the following records were examined:

- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from the care inspection undertaken in the previous inspection year
- the previous care inspection report.

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 18 service users and had discussions with one staff.

The following records were examined during the inspection:

- One complaint and two compliments
- One accident/untoward incident
- Statement of Purpose
- Service user's guide
- 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 service was an announced care inspection dated 15 May 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 16(1)	<p>The manager should check care plans following each review to ensure the accuracy and relevance of the links between identified needs, goals and planned interventions. (One care plan was discussed with the manager to illustrate this issue).</p>	Partially Met
	<p>Action taken as confirmed during the inspection: A new care plan template has been agreed with senior management in Age NI in July 2015. The manager is in the process of updating all service user's care plans.</p>	
Requirement 2 Ref: Regulation 4(1)(c)	<p>Regulation 4(1)(c) requires the statement of purpose to address all of the matters set out in Schedule 1. These are numbered up to 18. The centre's current statement of purpose does not address numbers, 2, 3 and 17 and these should be included. A number of minor inaccuracies were also noted and should be corrected.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the statement of purpose during this inspection showed details regarding numbers 2, 3, 16 and 17 had not been amended, neither had the minor inaccuracies been corrected. An initial revised statement of purpose was emailed to RQIA on 19 August 2015 and a further one on 3 September 2015. The information stated in the requirement has now been addressed.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.7	<p>The registered person should ensure that complete dates are included in all written records.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of five service users' written records showed compliance with this recommendation.</p>	

Recommendation 2 Ref: Standard 21.7	The registered person should promote staff's further development toward vocational qualifications at the earliest appropriate time.	Partially Met
	Action taken as confirmed during the inspection: The manager informed the inspector a staff member has asked to do Level 2 of a National Vocational Qualification (NVQ). This request has been forwarded to senior management.	
Recommendation 3 Ref: Standard 1.2	The service user guide should be revised to address all of the matters set out in this standard and in a format that is readily accessible by service users.	Partially Met
	Action taken as confirmed during the inspection: The manager is advised to further review Age NI service users guide so that it reflects all of the matters listed in standard 1.2. This will be restated in the QIP.	

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

The day service has Age NI corporate policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff.

The policies and procedures regarding standard 5 were:

- Assessment, Care Planning and Review
- Continence Promotion Policy

The continence promotion policy was brief and did not fully reflect the need for staff to adhere to core values and promote service user's to be independent in the area of personal care. The procedure should include:

- information on the use of personal protective equipment (PPE);
- the principles of infection prevention and control regarding the provision of personal care;
- the provision of relevant training for staff;
- service user's care plans need to fully reflect the staff support or assistance individuals may need.

This is an identified area for improvement. Staff, where appropriate and safe, encourage and enable 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 conclude there are 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 preserve their dignity and 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.

During a tour of the environment the inspector noted service user's continence products and changes of clothes were stored in a small room which is not close by the toilets or bathroom used by service users. This results in the service user or staff walking across the reception area with the product or change of clothes when they go to the toilet or bathroom. This was discussed with the manager who agreed there was adequate space in both toilets and bathroom for closed storage to be provided.

It can be concluded care was safe in Age NI Day Centre.

Is Care Effective?

The care inspector reviewed five service user's care files. Four of the five care files contained current assessments, one identified service user's assessment was dated November 2013. There was no evidence to show this had been reviewed in the last year. This is an area for improvement.

The review of five care plans focused on the quality of information pertaining to continence promotion and support. All five care plans were qualitative and reflected the support and assistance needed by staff for individual service users so they could be independent as possible. Care plans were reviewed by staff with service users on a systematic basis or when changes occur.

Discussions with one staff during the inspection concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users who have continence needs. Staff described how they ensure service user's privacy and dignity was respected; and were knowledgeable about the use of personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom and others need one staff member. Several service users have a preference regarding the bathroom they use. Discussions with staff conclude they have a working knowledge of infection, prevention and control best practice guidelines. Refresher training in infection prevention and control is required.

The care inspector's review of five service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs.

It can be concluded care was effective in Age NI 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.

The inspector met with a total of 18 service users, mostly in small groups around tables in the dining room and in one of the group rooms. Observations of interactions between service users and care staff reflected they were treated with respect and kindness. Discussions with service users concluded 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 Age NI 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	3	3
Service Users	5	5

The care inspector's review of the questionnaires showed all of the service users indicated they were very satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. No qualitative comments or areas of concern were recorded.

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

- the training received by the organisation 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.

Two care staff were unsatisfied with the following:

- training provided by the organisation in safeguarding vulnerable adults and behaviours which may challenge;
- service users receiving timely support from the multi-disciplinary team.

The manager is asked to address these matters.

The care inspector's overall assessment of this standard shows the quality of care to be compassionate, safe and effective, however identified improvements were needed and these are specified in the QIP.

Areas for Improvement

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

1. Service user's assessments.
2. Storage of service user's personal care, incontinence products and change of clothes.
3. Review of the centre's procedures on continence promotion.

Number of Requirements:	0	Number of Recommendations:	3
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Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support, had been substantially met.

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 Age NI corporate 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:

- Complaints policy
- Service User Involvement
- Service User Views
- Communications with Carers and Representatives.

Review of the Service User Views and Service User Involvement policies showed these to be brief. The Involvement of Service Users policy stated there are twice yearly service user meetings, however there was no evidence of this. The Service User Involvement policy stated Age NI have user focus groups and a consultative forum, however there was no information explaining these and the policy needs to be amended. This is an area for improvement.

Discussions with 18 service users, one staff 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. The inspector's discreet observations of staff interactions with service users concluded safe care was delivered in Age NI Day Centre.

Is Care Effective?

Discussions with the manager, 18 service users and review of documentation show management and staff actively encourage 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, annual quality assurance surveys and their annual review of their day care placement.

Discussions with the manager and staff concluded there were no service users meetings held in the centre. There were informal discussions with service users on a daily basis but records had not been made of these. A discussion took place with the manager about the need for service user meetings and minutes to be retained of these. This is an identified area for improvement. The minutes of meetings should include:

- an agenda,
- the names of the service users who attended;
- a summary of discussions;
- details of who would be taking action;
- the subsequent minutes of meetings should reflect the outcomes of the action/s taken from the previous meeting.

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 positive. Improvements are needed to ensure service user's annual review reports contain all of the relevant information stated in standard 15.5.

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 service's statement of purpose reflected quality assurance surveys are distributed every six months, there was no evidence of bi-annual surveys. The manager informed the inspector surveys are distributed to service users or their representatives annually. The most recent quality assurance service user survey took place in March 2015. The surveys encompassed the following areas:

- Transport arrangements
- Quality of care
- Quality of meals
- Quality of activities
- Attitude and friendliness of staff
- Quality of the Environment
- Service user's satisfaction regarding their allocated numbers of days per week.

An evaluation report has been completed, it was qualitative and informative and included a summary of service users qualitative comments. However it did not contain an overview of the outcomes of action taken as a result of the previous 2014 annual survey, nor an action plan of the improvements or action needed from the 2015 survey. These are identified areas for improvement.

Complaints

Since the previous care inspection, one complaint had been recorded in the Age NI Day Centre's complaints record. The complaints records did not state if the complainant was or was not satisfied with the outcome of the manager's investigation. This is an identified area for improvement. Complaints records should be maintained in accordance with minimum standard 14.10.

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

Two compliments had been recorded in the centre since previous inspection, the comments made about the quality of care provision in Age NI Day Centre were very positive.

Monthly Monitoring Reports

Four monthly monitoring reports from April to July 2015 inclusive were examined during this inspection. The monthly monitoring reports were qualitative and informative in some areas but more detail is needed regarding the views and opinions of service users.

The inspector concludes the quality of care provision in Age NI Day Centre was effective, however improvements are needed in identified areas.

Is Care Compassionate?

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

The inspector met with a total of 18 service users, mostly in small groups around tables in the dining room and a larger group in one of the activity rooms. Observations of interactions between service users and care staff reflected they were treated with respect and kindness.

Discussions with all of the service users concluded the quality of their lives has improved significantly as a result of their attendance at Age NI Day Centre. Service users informed the inspector the care they receive from staff was excellent and the centre was a lifeline to them. Many stated prior to their attendance at Age NI Day Centre, they were housebound and lonely. Several said their attendance to the centre is their only social outlet, they have made friends and they would be lost without it. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the Age NI Day Centre service.

A sample of the comments made by service users about the day service included:

- *"I'd be lost without coming here."*
- *"I was very lonely and depressed being at home staring at four walls. I now look forward to coming here and meeting up with friends."*
- *"This place is 110% - I love it."*
- *"The staff are great and the manager is fantastic."*
- *"They are all brilliant here, they can't do enough."*
- *"The staff look after us so well and I enjoy it."*

- *“I’ve made friends here, it’s my lifeline.”*
- *“This is the only time I get out in the week and I love it here.”*

No concerns were raised.

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

The care inspector’s review of the questionnaires evidenced all of the service users indicated they were very 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.

The following comments were made by service users or their representatives:

- *“They provide a quite adequate level of care and support.”*
- *“Staff seem to be trained to respond to all client needs.”*
- *“It’s very safe and secure.”*
- *“I feel that an increase of one to one staff levels would not go amiss.”*

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

Areas for Improvement

Five areas for improvement were identified as a result of the inspector’s examination of this standard. These regarded:

1. Service user meetings.
2. Annual survey evaluation report.
3. Review of identified policies and procedures.
4. Complaints record.
5. Service user’s annual review reports.

Number of Requirements	0	Number Recommendations:	5
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Standard 8: Service Users’ Involvement - Service users’ views and comments shape the quality of services and facilities provided by the Day Care setting, has been partially met.

5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

One accident / untoward incident was recorded since the previous care inspection of Age NI Day Centre. This occurred very recently and at the time of the inspection RQIA had not been notified of it. Regulation 29 states RQIA must be notified: *“without delay... shall be confirmed in writing within three working days of the oral report.”* This is an identified area for improvement.

5.5.2. Registration of Age NI Day Centre

Age NI Centre is registered with RQIA to accommodate a maximum of 25 service users on a daily basis. On the day of the inspection, there was a total of 26 service users in the centre.

Review of the centre's attendance record showed there were a number of days in May, June and July 2015 when Age NI Day Centre was also over their daily maximum numbers of service users. This was discussed with the registered manager.

This is a breach of day care regulations and the registered persons must ensure the day service operates within their RQIA registration and their Statement of Purpose. This is an identified area for improvement.

5.5.3. Mandatory Training

Review of the centre's previous QIP regarding staff vocational training and review of the centre's staff training records showed the following mandatory training has lapsed:

- Moving and handling
- First Aid
- Infection prevention and control
- Behaviours that can challenge.

Keeping Adults Safe with regards to safeguarding vulnerable adults and fire safety training were provided to staff in March and 11 June 2015 respectively. Moving and handling training was last provided on 18 October 2013. Two monthly monitoring reports completed by the designated person states staff training needs to be updated but the reports were not specific, nor did any subsequent reports provide information on the action taken to provide mandatory training. These are identified areas for improvement.

5.5.4. Environment

The inspector undertook a tour of Age NI Day Centre. Positive comments were shared regarding the photographs; reminiscence pictures of the titanic and east Belfast and art work displayed on pillars and notice boards throughout the centre. The general décor and furnishings were fit for purpose. The centre was observed to be clean, tidy and well maintained.

The doors to two of the activity rooms were observed to be wedged open during the inspection. These are fire doors and fire doors must never be wedged open. This was discussed with the manager and an area for immediate improvement.

With regards to infection prevention and control, the registered manager should ensure:

- (a) all bins have liners insitu;
- (b) mops are not stored in bathrooms;
- (c) there is appropriate drainage for clean mops;

Areas for Improvement

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

1. Registration of Age NI Day Centre.
2. Fire safety.
3. Provision of mandatory and other training for staff.
4. Notification of accidents and untoward incidents to RQIA.

Number of Requirements	4	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 Mrs Wendy McKillion, 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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 26(4)(b)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered persons must ensure fire doors are never wedged or propped open. If fire doors are required to stand open for operational reasons they should be fitted with appropriate stand open devices which are linked to the fire detection and alarm system and release upon activation of the alarm. The advice of a competent fire safety advisor should be sought.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: No doors are to wedged open at any time at the centre. All wedges have been put into the bin.</p>
<p>Requirement 2</p> <p>Ref: Regulation 18(1)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>With regards to the daily number of service users attending Age NI Day Centre, the registered persons must ensure the numbers of service users attending the centre does not exceed the agreed daily maximum numbers as per RQIA's registration information and the service's Statement of Purpose.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Information regarding the numbers of attendance are at present being reviewed by RQIA. The day centre will have 30 service users each day and the manager and area manager will ensure the numbers will not exceed 30 on any day of service. This will be monitored on a monthly basis.</p>
<p>Requirement 3</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 12 November 2015</p>	<p>The registered persons must ensure all staff employed in Age NI Day Centre receive mandatory and other training appropriate to the work they perform which includes:</p> <ul style="list-style-type: none"> • Moving and handling • First aid • Infection prevention and control • Food hygiene • Behaviours that may challenge • Dementia. <p>The designated person undertaking the monthly visits of Age NI Day Centre must continually monitor that mandatory training does not lapse for staff. The completed QIP must specify the intended dates for the above training.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: October 27th starting the training and first aid is the first date. Moving and handling 5th November 2015 continence training 25th Nov Infection control 5th November 2015 This training was advised by area manager on October 16th 2015 by telephone call</p>

	Challenging Behaviour and Dementia training -- 10 th November Food Hygiene 5 th november 2015
Requirement 4	The registered manager must ensure RQIA is informed of all notifiable accidents and untoward incidents as per regulation 29. The identified incident must be retrospectively forwarded to RQIA.
Ref: Regulation 29	
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken: RQIA have been informed about a past incident just after inspection. Incident reporting is currently up to date in detail.
To be Completed by: Immediate and ongoing	
Recommendations	
Recommendation 1	The registered manager should ensure the centre's service user guide is revised to address all of the matters set out standard 1.2 and that is in a format that is readily accessible by service users. A copy of this document is to be forwarded to RQIA with the completed QIP .
Ref: Standard 17.8	
Stated: Second time	Response by Registered Person(s) Detailing the Actions Taken: Service user guide has been completed in full. A copy has been sent to RQIA
To be Completed by: 30 September 2015	
Recommendation 2	With regards to service user involvement, the registered manager should ensure:
Ref: Standard 8	
Stated: First time	(a) regular (at least monthly) service user meetings are held so that all service users have an opportunity to be involved and consulted about the running of the centre (standard 8.2);
To be Completed by: Immediate and ongoing for (a) and (b) 13 September 2015 for (c)	(b) minutes are retained of these meetings which include an agenda; who attended; a summary of discussions, the action to be taken and subsequent minutes of meetings reflect the outcomes of the action taken from the previous meeting (standard 8.3)
	(c) An evaluation report is completed as a result of the service user's recent annual quality assurance surveys. The report should reflect the action taken as a result of the annual survey undertaken in 2014 as well as the action to be taken from the March 2015 surveys (standard 8.5).
	Response by Registered Person(s) Detailing the Actions Taken: Service user meetings are now taken monthly having a meeting on 24 th of August and again on the 29 th September another meeting was taken. An agenda is formed and placed for all to read and add details to. Minutes are taken so outcomes can be clearly fed back. Annual quality surveys will contain the action taken as a result of the survey

<p>Recommendation 3</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be Completed by: 20 August 2015</p>	<p>The registered manager should ensure all service user's assessments are reviewed on an annual basis or sooner if changes are needed so that they accurately reflect at all times the needs of the individual.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: All reviews are up to date and continually working at reviews to achieve this and holding more details regarding the service user using another Annual Review form. Assessments are current and will be reviewed at least yearly or sooner if circumstances change.</p>
<p>Recommendation 4</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered manager should ensure service user's annual review reports reflect all of the relevant information in standard 15.5.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: An Annual Preparatory Report form is now in place in individual files ready to use for reviews as well as the review form i was using at the day centre this added form will ensure more information can be kept on individual service users .</p>
<p>Recommendation 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be Completed by: 12 November 2015</p>	<p>The registered persons should ensure the following Age NI policies and procedures are reviewed:</p> <ul style="list-style-type: none"> (a) Contenance Promotion (b) Involvement of Service Users (c) Service User Views <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Appropriate persons have been informed regarding Age N.I policies. The reviewed policies will be in place before 12th November 2015</p>
<p>Recommendation 6</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered manager should ensure the complaints record states if the complainant is or is not satisfied with the outcome/s of investigations into their area/s of dissatisfaction.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: All complaints will contain an outcome and stating whether they are satisfied with the outcome or dissatisfied.</p>
<p>Recommendation 7</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing for (a) and (b) 20 August 2015 for (c)</p>	<p>With regards to infection prevention and control, the registered manager should ensure:</p> <ul style="list-style-type: none"> (a) all bins have liners insitu; (b) mops are not stored in bathrooms; (c) there is appropriate drainage for clean mops; (d) to preserve service user's dignity and for ease of access

and (d)	continence products and changes of clothes (where possible) are stored in bathrooms or toilets.		
	(e) Response by Registered Person(s) Detailing the Actions Taken: All above was dealt with immediately. Bins contain white bin liners and the mops were replaced and locked away in cleaning cupboard. A unit was purchased from charity shop for the bathroom and it now holds clothes, Aprons, Gloves and pads etc		
Registered Manager Completing QIP	Wendy McKillion	Date Completed	9 th October 2015
Registered Person Approving QIP	Linda Robinson	Date Approved	9 th October 2015
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	17 December 2015

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