

# Unannounced Care Inspection Report 02 September 2016



## Valley Centre

**Type of Service: Day Care Setting**

**Address: Unit 11 Glendermott Business Park, Tullyalley Road, Derry,  
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**Tel No: 02871321117**

**Inspector: Priscilla Clayton**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Valley Centre took place on 02 September 2016 from 11.00 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous 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?**

There was good supporting evidence that the centre was providing safe care which included appropriate staffing; new staff induction programme; staff training; supervision and appraisal; infection prevention and essential control measures; risk management; and positive feedback from staff and service users.

Three recommendations made in this domain related to ensuring the recording of the manager's duty time spent working in the centre within the staff duty roster, review and revision of the adult safeguarding policy and obtaining the final outcome report of one safeguarding allegation dated 04 September 2015.

### **Is care effective?**

There was good supporting evidence that the care provided was effective, with positive feedback from service users and staff, audits undertaken and actions taken to further improve the quality of the service provided. Needs assessments were complemented with risk assessments, care plans reflected interventions to meet assessed needs, measures to minimise identified risks and service user's choice and preferences.

One recommendation made within this domain was restated for a second time. This related to the retention and availability of monthly monitoring reports within the centre.

### **Is care compassionate?**

There were several examples of good practice in relation to the culture and ethos of the day care centre which included, listening to and valuing service users and taking account of the views of service users and their relatives. Several user friendly notices, minutes of meetings of service user meetings and health topics, as well as photographs of social events, with service user permission sought, were displayed.

No requirements or recommendations were made in this domain.

### **Is the service well led?**

There were several examples of a well led service with systems and process in place for the day to day management of the centre. Staff gave positive feedback in respect of leadership and team work, with good support and encouragement provided by the manager and day care workers though effective communication, supervision, appraisal and the open door approach provided by the manager.

One requirement restated for a second time from the previous care inspection related to the provision of semi - automatic opening devices on doors with a suitably wide opening clearance to facilitate disabled wheelchair service users. (Reference to this is made under section 4.1 Requirement 1).

One recommendation made related to the cross referencing of electronic copies of policies and procedures with hard copies held to ensure these match as several hard copies held require to be updated.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Caroline Moorwood, registered manager and Thomas Burke, senior day care worker, 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 March 2016.

### 2.0 Service details

<b>Registered organisation / registered provider:</b> Western HSC Trust/Elaine Way CBE	<b>Registered manager:</b> Caroline Anne Morewood
<b>Person in charge of the day care setting at the time of inspection:</b>  Patrick Robinson, day care worker until 12.45 until Caroline Robinson, registered manager, came to the centre.	<b>Date manager registered:</b> 22 February 2013
<b>Categories of care:</b> DCS-LD, DCS-LD(E)	<b>Number of registered places:</b> 25

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- Accident Incident notifications
- QIP from last care inspection
- Correspondence.

During the inspection the inspector met with all service users, three care staff and the registered manager. No relatives/representatives or professional staff visited the centre during the inspection.

The following records were examined during the inspection:

- RQIA Certificate of registration
- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training records
- Three service user's care files
- Statement of purpose and service users guide
- Minutes of recent staff meetings
- Complaint records
- Audits
- Equipment maintenance records
- Accident/incident/notifiable events records (6)
- Annual summary evaluation report (June 2016)
- Minutes of recent service user'/representatives' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting and fire doors
- Policies and procedures.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 March 2016.

The most recent inspection of the day care centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 4.2 Review of requirements and recommendations from the last care inspection dated 10 March 2016

Last care statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 26(2)(j)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must, having regard to the number and needs of service users:</p> <ul style="list-style-type: none"> <li>(a) Ensure that suitable adaptations are made to meet the needs of physically disabled service users. This includes a review of disabled access in the centre and make reasonable adjustments where considered appropriate. Consideration should be given to the provision of powered semi-automatic opening devices on doors with a suitably wide opening clearance to facilitate unrestricted passage by disabled wheelchair service users.</li> <li>(b) Remove the large piece of furniture positioned near the door of the identified disabled toilet/bathroom.</li> <li>(c) Undertake a review of the current layout of furniture in the main room used by service users. Unused furniture i.e. tables, chairs etc should be removed and the furniture rearranged to improve the layout of the room to facilitate unrestricted passage by disabled or wheelchair service users.</li> </ul> <p>The returned QIP must state the outcome of (a) and (c) along with an action plan with timescales.</p>	<p><b>Partially met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <ul style="list-style-type: none"> <li>a) The manager explained that costing had been agreed for the work to proceed. No commencement date has been set. The manager is to follow this up with the Trust's estates/works department.</li> </ul> <p>(This matter has been restated for a second time.)</p> <ul style="list-style-type: none"> <li>b) The large piece of furniture has been removed.</li> <li>c) Furnishings in the main room have been rearranged leaving additional room for service</li> </ul>	

	users to move freely around. One side room is now used for additional therapeutic activity.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 26(2)(k) <b>Stated:</b> First time	<p>The registered persons must ensure a review is undertaken of the control of the heating system in the Valley Centre to ensure the temperatures in areas occupied or used by service users are regulated to be between 19<sup>0</sup>C – 22<sup>0</sup>C and not exceed 22<sup>0</sup>C.</p> <p>The returned QIP must state the outcome of the Trust's review along with an action plan with timescales.</p> <p><b>Action taken as confirmed during the inspection:</b>  The manager reported that the heating was reviewed by the Trust estates department and the energy technical team. The heating is now regulated at 22 degrees. A temperature reading of 22 degrees was noted on the temperature gauge.</p>	<b>Met</b>
<b>Requirement 3</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time	<p>The registered manager must notify RQIA of accidents and untoward incidents as per Regulation 29. A notification of the safeguarding vulnerable adult referral made in November 2015 must be retrospectively forwarded to RQIA's Incidents Team.</p> <p><b>Action taken as confirmed during the inspection:</b>  The safeguarding notification and outcome of investigation was retrospectively forwarded by the manager to RQIA on 13 April 2016.</p>	<b>Met</b>
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 4.3 <b>Stated:</b> First time	<p>The registered manager should ensure the identified service user's assessments are updated. Systems should be in place to review service user's assessments on at least a yearly basis or sooner if changes occur.</p> <p><b>Action taken as confirmed during the inspection:</b>  The manager reported that STAR profile assessment of each service user was completed during April 2016. Three care records randomly selected contained updated assessments as recommended.</p> <p>Records were being audited on a monthly basis.</p>	<b>Met</b>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure service user’s care plans are:</p> <ul style="list-style-type: none"> <li>(a) Comprehensive and include the programmes and activities the individual participates in, both in the centre and outreach activities and, where relevant, all of the information stated in Minimum Standard 5.2.</li> <li>(b) Care plans should be signed by the service user (where appropriate) or their representative, the staff member completing it and the registered manager (Minimum Standard 5.3).</li> <li>(c) Care plans are kept up to date to reflect the service user’s current needs (Minimum Standard 5.6).</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager explained that monthly audits take place to ensure care plans were holistic, updated as needs changed and signed in accordance with minimum standards.</p> <p>Three care plans examined evidence that these were current reflecting assessed needs including, chosen activities, identified risks, objectives and interventions to meet identified needs including measures in place to minimise identified risks.</p> <p>Care plans were signed by the service user/ representative, staff member and registered manager.</p> <p>Monthly audits of care plans are undertaken to ensure compliance with standard 5 of The Day Care Settings Minimum Standards (2012).</p>		

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 7.4</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure service user's care notes/records are objective and contain information regarding Minimum Standard 7.4. Subjective language e.g. 'in fine form', 'usual self' or 'in good form' should be avoided.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager explained that staff had been reminded to ensure objective information was being recorded in accordance with Minimum Standard 7.4. Three care records examined were being maintained in accordance with this standard. Monthly audits are undertaken to ensure compliance with this recommendation.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 9.2</p> <p><b>Stated:</b> First time</p>	<p>The registered manager, in consultation with service users should carry out a review of the programmes and activities offered to individuals in the Valley Centre to ensure they are diverse, varied, engaging, purposeful, enjoyable and promote healthy living. The returned QIP should state the outcome of this review and action taken.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager explained that the senior day care worker facilitated an advocacy group meeting during May 2016 with service users to consult with them about activities, choices and preferences. As a result of this consultation activities were reviewed with a wider range of activities now being provided. For example, electronic activity/use of video games and additional arts/crafts and health programme and relaxation sessions.</p> <p>Examination of the annual service user relative satisfaction survey showed that all respondents (with the exception of one nil response) were satisfied that the centre offered a structured programme of activities.</p>		



<b>Recommendation 5</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time	The registered person should ensure monthly monitoring reports of the Valley Centre are retained in the centre and made available for inspection purposes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of reports retained in the centre evidenced that no reports were retained for April 2016 or July 2016.  This recommendation had been restated for a second time.	

### 4.3 Is care safe?

The manager and staff confirmed that staffing levels were satisfactory and are subject to regular review to ensure the assessed needs of the service users were met.

A staff duty roster was being maintained. One recommendation made related to ensuring that the manager's duty hours spent in the centre are recorded.

Discussion with the manager confirmed that new staff was recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that all new staff recruitment records were held off site at the Western Health and Social Care Trust's (WHSCT) Human Resource Department. The registered manager has responsibility to check directly with the Human Resources Department that all necessary checks have been completed prior to the staff member commencing service.

The manager also confirmed that all newly appointed staff undertakes a period of induction. Staff induction programmes were retained on file.

Discussion with the manager, staff and a review of records confirmed that mandatory training, supervision (three monthly) and annual appraisal was provided. Records of mandatory training evidenced other training provided included person centred care planning and diabetes awareness.

Accident/incidents notified to RQIA (6) and records retained in the centre were examined. These were observed to be recorded in line with minimum standards. Notifications submitted to RQIA since the previous inspection had been managed satisfactorily.

The manager and staff confirmed that any safeguarding issues arising would be reported and managed in accordance with the WHSC Trust policy/procedure. Staff training records reflected staff training in safeguarding of vulnerable adults was held on 03 May 2016. One safeguarding issue dated 04 September 2015 was discussed with the manager who explained that the investigation had been undertaken although she had not received the final outcome report from the safeguarding designated officer. One recommendation was made in regard to this matter.

The adult safeguarding policy was retained in the centre. One recommendation was made in regard to review and revision of this policy in light of the DHSSPS policy entitled "Adult Safeguarding Prevention and Protection in Partnership" (July 2015).

Records were being maintained in respect of money paid by service users for meals etc. The manager explained that all transactions are recorded with receipts issued and signatures recorded. On the day of inspection a routine finance inspection was undertaken by the WHSC Trust.

The manager and staff confirmed that there are no measures of restraint currently in use and that appropriate documented assessment, collaboration and review involving specialist multi-professional Trust personnel and relatives would always be sought and records retained if restriction was to be used for the safety of the service user.

A review of the policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). Records of staff training in restrictive practice awareness showed that training was provided on 11 July 2016.

Service user risk assessments were based on assessed needs, for example: behavioural, nutrition and fall risk. Risk assessments viewed were noted to be updated on a regular basis or as changes occurred.

Review of the infection prevention and control (IPC) policy and procedure confirmed that the policy was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC. Inspection of the centre confirmed adequate supplies of liquid soap; alcohol hand gels; and disposable aprons wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Hand hygiene was a priority in the centre and efforts were applied to promoting good standards of hand hygiene among service users, staff and visitors. Notices displaying the seven steps of good hand hygiene were displayed in both written and pictorial formats.

Inspection of the internal environment was observed to be tidy, organised, safe, fresh smelling and suitable for and accessible to service users, staff and visitors. No visible hazards were observed.

Fire doors were closed with exits unobstructed. The fire risk assessment was dated 27 April 2015. No recommendations were made by the fire safety officer. Records of training showed staff had received fire safety training and fire drill on 18 March 2016. Records of weekly and monthly fire equipment audits included for example; means of escape, fire alarm/detection, and emergency lighting showed that checks were undertaken and recorded.

Service users who spoke with the inspector stated that they were happy attending the centre and explained they had lots of things they liked to do, that the care provided by staff was good and that they did not have to do anything they did not want to do. No issues or concerns were raised or indicated by any of the service users.

## Areas for improvement

Three recommendations made for improvement related to ensuring the managers time spent working is recorded in the staff duty roster, review and revision of the adult safeguarding policy and obtaining the final outcome report of one safeguarding allegation dated 04 September 2015.

### 4.4 Is care effective?

The centre's statement of purpose, dated 22 August 2016, and service user guide were available and in keeping with legislative requirements and day care settings minimum standards.

A review of three care records confirmed that these were being maintained in line with legislation and standards. Staff confirmed that each service user had an individual care record file containing all the required documents. Care records examined contained an up to date assessment of needs, life history, risk assessments, associated person centred care plans and daily/regular statements of health and well-being of the service user. Care records also reflected the multi-professional input into the service users' health and social care needs, and were found to be updated regularly to reflect the changing needs of the service user.

There was recorded evidence that service users and/or their representatives were encouraged and enabled to be involved in the needs assessments, care planning and review process. Discussion with staff confirmed that a person centred approach underpinned practice, for example care records showed that service users were consulted with choice, views and preference reflected within their person centred care plans. Regular notes were recorded within five days of attendance or more frequently if necessary.

Review of care records confirmed that initial review of care was held following commencement of a service user's placement to ensure their needs were being met and that the placement was appropriate. Annual reviews are also undertaken with service users/representatives in attendance.

Care records were stored safely and securely in line with data protection.

There was evidence of good modes of communication and information sharing between service users, staff and other stakeholders. These included for example, service user meetings, care reviews, good user friendly information including how to complain and monthly monitoring visits made on behalf of the registered provider. A range of information on various topics including "how to complain" was displayed in written and pictorial format.

Annual service user relatives' satisfaction survey was conducted during 2015 and 2016. Results of this audit were very positive in terms of carer/relative views on the service provided at the Valley Centre. Areas identified for improvement were highlighted with action to be taken and timescales for completion stated within the action plan. Areas identified for improvement related to transport, reissuing of complaints leaflet to relatives and greater service user involvement at reviews. Additional improvements made included increased activities including relaxation sessions, educational pottery skills and plans for an additional bus driver and new menu choices. A follow up survey is planned for June 2017.

Additional audits undertaken include, care records, finance and fire safety. Where required actions identified for improvement are implemented.

Service users spoke freely with the inspector and confirmed they were very satisfied with the care and activities provided. No issues or concerns were raised or indicated.

Monthly monitoring reports made on behalf of the registered provider were retained within the centre. It was noted that reports for April 2016 and July 2016 were not available. One recommendation was restated for a second time as reports of visits must be available on request to RQIA, the registered manager, service users/representatives and WHSCT staff.

Staff meetings were held on a three monthly basis, or earlier if required. Minutes of meetings were recorded, circulated, with a copy retained on file.

### **Areas for improvement**

One recommendation restated for a second time related to the retention and availability of monthly monitoring reports within the centre.

#### **4.5 Is care compassionate?**

The day care worker confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected the statement of purpose, service user guide and care records.

Discussions with service users, who were able to respond, confirmed that consent was sought in relation to their care. Observation of staff practice and interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity. Staff were also able to demonstrate how service users' confidentiality was protected. For example, any discussions held with service users regarding personal matters would be undertaken in private; care records are only shared with consent and to those who need to know.

Staff confirmed that service users were always listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users, and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

### **Areas for improvement**

No areas were identified for improvement in this domain.

#### **4.6 Is the service well led?**

Caroline Morewood is the registered manager of the Valley centre and four day opportunity centres within the WHSC Trust. The manager is supported in her role within the Valley centre by a recently appointed experienced senior day care worker, one day care worker, four care workers and one support services assistant.

Competency and capability assessments were in place for staff in charge when the manager is out of the centre. Discussion with the senior day care worker identified that he had good understanding of his role and responsibilities under the Day Care Setting Regulations (Northern Ireland) 2007.

The centre's certificate of registration with RQIA was displayed in a prominent position.

There was a clear organisational structure within the centre and staff demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the centre's recently updated statement of purpose and service user guide.

The manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

Policies and procedures were being held electronically and in hard copy format. One recommendation was made in regard to the cross referencing of hard copies with those held electronically to ensure these match as several hard copies held require to be updated.

Staff who spoke with the inspector demonstrated knowledge and understanding of safeguarding and whistle blowing policies and procedures in accordance with their roles and responsibilities.

Records of complaints received were in place. Complaints received since the previous inspection was discussed and records examined. Records showed that complaints had been investigated and the complainant fully satisfied. User friendly Information on how to complain was displayed on the notice board and contained within the service user guide.

The manager explained the audit arrangements in place to evaluate the quality of care provided within the centre. Reference to audits undertaken is referred to under section 4.4 of this report.

Accident/incidents were recorded satisfactorily and notified to RQIA as required. Audits of accidents/incidents are undertaken by the monthly monitoring officer. Risks identified within accidents records had been reviewed, noted within care records and appropriately managed.

Staff gave positive feedback in respect of leadership and team work, with good support and encouragement provided by the manager and day care workers through effective communication, supervision, appraisal and the open door approach provided by the manager.

### **Areas for improvement**

One requirement restated for a second time from the previous care inspection related to the provision of semi - automatic opening devices on doors with a suitably wide opening clearance to facilitate disabled wheelchair service users. (Reference to this is made under section 4.1 Requirement 1).

One recommendation made related to the cross referencing of electronic copies of policies and procedures with hard copies held to ensure that these match as several hard copies held require to be updated.

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Caroline Morewood, registered manager, and Thomas Burke, senior day care worker, 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 Valley Centre. 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 the Day Care Setting Minimum Standards 2012. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

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

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 26 (2) (j)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 December 2016</p>	<p>The registered persons shall, having regard to the number and needs of service users:</p> <p>(d) Ensure that suitable adaptations are made to meet the needs of physically disabled service users. This includes a review of disabled access in the centre and make reasonable adjustments where considered appropriate. Consideration should be given to the provision of powered semi-automatic opening devices on doors with a suitably wide opening clearance to facilitate unrestricted passage by disabled wheelchair service users.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> A Business Case was completed for push-button door releases and this was approved. However, the Estates Department have revised the costing and this has now been approved. Wee awaiting a date fort eh commencement fo the work.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered person should ensure monthly monitoring reports of the Valley centre are retained in the centre and made available for inspection purposes.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Registered manager has highlighted the need for receipt of completed Monthly Monitoring Reports with senior management and this has been discussed by Head of Service at local Manager's Meetings with a view to improvement. The April report was carried out at the beginning of May 2016 and is on file.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2016</p>	<p>The registered provider should request that a copy of the final outcome report of one adult safeguarding referral, dated 04 September 2015, is forwarded to her from the designated officer. RQIA to be notified in this regard.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> This was screened out by Adult Safeguarding and a report has been received dated 17/09/15.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered provider should ensure that a review and revision of the adult safeguarding policy is undertaken in light of the DHSSPS policy entitled "Adult Safeguarding Prevention and protection in Partnership" (July 2015).</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Adult Safeguarding Operational Procedures and Protocol have been</p>

30 December 2016	circulated to Managers. Manager has highlighted the need for review and revision of the adult safeguarding policy with senior management. The Trust is reviewing how it will implement the new policies and procedures and associated documentation. The Northern Sector of the Trust is still operating under an Improvement Science pilot scheme. Learning to be disseminated to inform future implementation of new policies and procedures.
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<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 18.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 November 2016</p>	<p>The registered provider should ensure that cross referencing of hard copies with those held electronically is undertaken to ensure these match as several hard copies held require to be updated.</p> <p>(Policies and procedures recommended for day care settings are referenced within appendix 2 of Day Care Settings Minimum Standards. January 2012)</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 23.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p><b>Response by registered provider detailing the actions taken:</b> This is being actioned currently by senior day care worker and day care worker.</p> <p>The registered manager should ensure that her time spent within the Valley centre is recorded within the staff duty roster.</p> <p><b>Response by registered provider detailing the actions taken:</b> Registered manager is recording her time spent in the centre and senior day care worker / day care worker to ensure that this is included in the staff duty roster.</p>

*\*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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