



The Regulation and
Quality Improvement
Authority

Valley Centre
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Tullyvalley Road, Derry
BT47 3QR

Inspector: Louise McCabe
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Unannounced Care Inspection of Valley Centre

10 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 10 March 2016 from 11.00 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 | 3 | 5 |

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

2. Service Details

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| Registered Organisation/Registered Person: Western Health and Social Care Trust/Mrs Elaine Way CBE | Registered Manager: Mrs Caroline Anne Morewood |
| Person in Charge of the Day Care Setting at the Time of Inspection: Mr Robert Dougherty, Senior Day Care Worker (at the beginning of the inspection) Mrs Caroline Morewood from noon | Date Manager Registered: 22 February 2013 |
| Number of Service Users Accommodated on Day of Inspection: 24 | 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 and theme 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 plan (QIP) and it's report from the care inspection undertaken in the previous inspection year.

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

The following records were examined during the inspection:

- One complaint
- Five accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Three service users care files
- Service users annual quality assurance survey
- Three monthly monitoring reports.

Following the inspection four staff questionnaires and five service user questionnaires were received and analysed by us.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the day service was an announced care inspection dated 10 February 2015. 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 20(1)(b) | The registered person shall ensure that the employment of any persons on a temporary basis in the day care setting will not prevent service users from receiving such continuity of care as is reasonable to meet their needs. | Met |
| | Action taken as confirmed during the inspection: The registered manager informed RQIA agency care staff used within the Valley Centre and the same individuals are consistently used to fill any vacancies. The registered manager also stated the Trust is currently in the process of creating a bank list of staff. No concerns were raised by service users regarding the use of agency care staff working in the Valley Centre. | |
| Requirement 2 Ref: Regulation 7(a) and 7(b) | The registered person shall keep under review and, where appropriate, revise the statement of purpose and notify RQIA of such revision within 28 days. | Met |
| | Action taken as confirmed during the inspection: The Valley Centre's Statement of Purpose was reviewed and forwarded to RQIA. The staffing arrangements within the Statement of Purpose will require further reviewing in light of a staff member who is due to retire. | |

| Previous Inspection Recommendations | | Validation of Compliance |
|--|---|--------------------------|
| Recommendation 1 Ref: Standard 4 | It is recommended that the Trust should establish an up to date assessment model and documentation, based on current best practice and suitable for the range of needs of people who may be referred to Valley Day Centre. | Partially Met |
| | Action taken as confirmed during the inspection: This matter has been discussed during Manager's meetings and the Trust is continuing to explore alternative assessment models. In the interim period, the Star Profile assessment tool is being used. Review of three service user's care files showed two Star Profile assessments had been completed, one of which was dated October 2014, there was no evidence it had been reviewed in the previous year. One service user's care file contained a completed Whelan and Speake assessment tool dated February 2007. Further improvements are needed regarding assessments and a further recommendation is made in the QIP. | |
| Recommendation 2 Ref: Standard 10 | The provision of meals to service users in the centre should comply with all aspects of Standard 10, and should include suitable choice of dishes and quality control measures. | Met |
| | Action taken as confirmed during the inspection: The lunch meal is now provided by the Trust via Altnagelvin Hospital. There is regular consultation with service users regarding the menus and food provided. Discussions with service users conclude they are happy with the current lunch provision. | |

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. Discussions with three care staff concluded they are aware of how to access policies and procedures. There are also associated guidance and information available for staff.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users able to converse concluded staff were sensitive and respectful of their needs.

Discussions with care 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 on the day of this inspection 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. Discussions have taken place with care staff regarding continence promotion and the registered manager plans to organise a continence management awareness session for the staff team.

Discussions with care staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training in this area. Staff also have a working knowledge of the Trust's infection control policy.

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 able to converse reported that they felt safe in the day centre. One identified service user informed RQIA he/she would feel safer if disabled access in the centre was improved. The service user said he/she has spoken to the registered manager and care staff about this. The registered manager was advised to review 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.

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 the Valley Centre.

Is Care Effective?

Continence protection is stored in a cupboard in the disabled bathroom for use when needed. Service users are responsible for bringing their own continence products with them when they attend the Valley Centre. Personal protective equipment (PPE) is supplied and made available for staff in the Valley Centre.

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 information completed on admission. Should a service user's continence needs change, their respective assessment and care plan is updated. 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. Hand washing dispensers were also available throughout the centre.

Discussions with 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 personal protective equipment and where continence products are stored. Staff explained some service users need only minimal staff support with their personal care. Several service users have a preference regarding the bathroom they use.

Three service user's assessments and care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. One service user's assessment was dated February 2007 and another dated October 2014. Further work is needed by the registered manager to ensure completed service user's assessments are current and up to date in accordance with Minimum Standard 4.4. The registered manager should ensure the identified assessments are updated and should put in place systems for assessments to be reviewed at least yearly or when changes occur.

Completed service user's continence information reflected the following information:

- 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 (e.g. hoist) and the type and size of sling needed
- 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.

Two service user's care plans were not comprehensive or fully reflective of their support needs, likes and dislikes as specified in Minimum Standard 5.2. They did not contain a weekly timetable of the individual's preferred activities within and outside of the centre in the community. This was discussed with the registered manager and senior day care worker. Care plans should also be kept up to date and reflect how staff support and assist the service user (Minimum Standard 5.6). These are identified areas for improvement.

Minimum Standard 5.3 states care plans should be signed by the service user (where appropriate) or their representative, the staff member completing it and the registered manager. Two of the three care plans were not signed by the relevant individuals. This was discussed with the registered manager. If a service user agrees with the content of their care plan but is unable to sign it or declines to sign it, a statement should be recorded to reflect this.

A random sample of three service user's care notes were reviewed during this inspection. Several of these contained subjective comments e.g. "in fine form"; "usual self" and "in good form." A discussion took place with the registered manager and care staff about standard 7.4 as care notes should be objective and factual. This is an area for improvement.

On this occasion there was evidence to confirm that care practices concerning continence care and promotion in the Valley 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 seven service users, mostly individually. Service users said staff were kind, patient and respectful. 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 | 4 |
| Service Users | 5 | 5 |

Review of the completed questionnaires evidenced 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. No qualitative comments had been made.

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

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

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

Areas for Improvement

There were three identified areas for improvement needed regarding RQIA's review of standard 5. These matters concerned:

1. Service user's assessments.
2. Service user's care plans.
3. Service user's care notes.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 3 |
|--------------------------------|----------|-----------------------------------|----------|

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 corporate Trust 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.

Discussions with 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.

Three service user's care plans inspected provided evidence that individuals were encouraged to be involved in the planning of their care and, where possible actively participate in their annual care reviews.

Discussions with seven service users and three care staff 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 the Valley Centre during the inspection.

Is Care Effective?

Discussions with the registered manager, seven service users, three care staff and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained for example: informal discussions with staff, service user meetings; annual quality assurance surveys and the annual review of their day care placement.

Discussions with three care staff concluded there is a self-advocacy group of service users which meet every three months and there are 'members forum' meetings which usually take place every two months. The minutes of three service users meetings (14 December 2015; 21 January and 09 March 2016) were reviewed during this inspection. These were qualitative, informative and reflected who attended, an agenda; a summary of discussions and if any action was needed; however the minutes did not state who was responsible for taking action. This was discussed with the registered manager and assurances were given the next minutes would state who is responsible for taking action.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. A written review preparation report has been devised within the Valley Centre. Review of three service user's annual review reports took place during this inspection and all three review reports contained either the service user's or their representative's views and opinions of the day service. These were positive and complimentary about the quality of the day service and met standard 15.5.

The culture in the centre also supports the wellbeing of service users, enabling them to feel valued whilst promoting and supporting their engagement and participation in the running of the service. Service users who took part in individual and group discussions confirmed that they were involved in discussions about what took place in the centre. All comments received from service users were very positive about the centre.

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 26 service users and their representatives in June and July 2015. The survey contained questions on the quality of care, activities, lunches and if service users were aware of how to raise a concern or make a complaint. Seventeen surveys were completed and returned to the centre and an evaluation report was completed. The evaluation report was qualitative, informative and included the positive views and opinions of service users.

Complaints

One complaint had been recorded in the centre's complaints record since the previous care inspection. The records examined were qualitative and compliant with standard 14.

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. An example was given by one identified service user of an area of dissatisfaction that he/she had raised which concerned disabled access in the centre. This had been recorded in the centre's complaints record and the investigation resulted in a review of disabled access in the Valley Centre. The registered manager subsequently completed a minor capital works request and submitted this to the Trust's Estates Department. Funding has not yet been allocated for this. The registered manager agreed to update the centre's complaints record regarding the service user's frustrations and concerns expressed to RQIA during the inspection, these regarded the Trust's delay in fitting push button or automatic doors in the Valley Centre.

Compliments

There were no compliments recorded since the Valley Centre's previous care inspection. The registered manager informed RQIA compliments have been received from service users and their families, however recognised these should have been recorded. Assurances were given that any future compliments received would be recorded and made available for inspection purposes.

Monthly Monitoring Reports

Two monthly monitoring reports for December 2015 and January 2016 were reviewed during this inspection. These reflected a summary of the views and opinions of two or three service users on each visit. The reports were qualitative and informative and meet Regulation 29 and Minimum Standard 17.10. A discussion took place with the registered manager as the monthly monitoring reports for October and November 2015 were not made available for inspection purposes. The registered manager stated the monthly monitoring visits had taken place for both of these months but acknowledged the reports weren't in the centre. This is an identified area for improvement.

On this occasion it can be concluded the quality of care provision in the Valley Centre was effective.

Is Care Compassionate?

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

Individual discussions with a total of seven service users, individually in the large group room took place during this inspection. Service users informed the inspector staff ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users included:

- "I like it here, I see my friends."
- "The staff are kind, I love it."
- "I like coming here and would like to come another day. The staff are good and I like to get out. It would be much easier for me if I could move around the centre better. It's hard to get through some of the doors and I have to wait and ask staff for help."
- "I'm happy here, I like it."
- "I love going out on the bus and going out for lunch, shopping and trips."
- "It's good here."

The issues and concerns raised by the identified service user regarding access was discussed with the registered manager during this inspection. Assurances were given by the registered manager that she would meet with the service user; liaise with her line manager and the Trust's Estates Department about this.

On this occasion it can be concluded the quality of care provision in the Valley Centre was safe, effective and compassionate.

Areas for Improvement

There were two areas identified for improvement as a result of examination of this standard. These matters concerned:

1. Disabled access within the centre.
2. Monthly monitoring reports.

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| Number of Requirements: | 1 | Number of Recommendations: | 1 |
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Five accident and untoward incidents were randomly reviewed during this care inspection. The records examined were being maintained in accordance with Regulation 29.

The registered manager was asked by RQIA if there had been any safeguarding vulnerable adult referrals made since the Valley Centre's previous care inspection on 10 February 2015. The registered manager replied two safeguarding vulnerable adult referrals had been made to the Trust's Safeguarding Team. These had been investigated by the Safeguarding Team and appropriate action was taken. RQIA had been notified of one of these, but not the incident which occurred in November 2015. This is a breach of Regulation 29. The registered manager was advised to retrospectively forward this notification to RQIA's Incident Team. This is an identified area for improvement.

The registered manager provided RQIA with information about this as the investigation is not yet concluded. A safeguarding plan is in place for the service user; however the identified service user's care plan did not reflect this. The registered manager was advised to update the identified service user's care plan so it incorporates the safeguarding plan. Assurances were given to RQIA this would be completed as soon as possible. The registered manager also stated she would contact the Trust's Safeguarding Team for an update on the current investigation.

5.5.2. Activity Provision

The registered manager provided RQIA with the Valley Centre's Service User Guide in DVD format. Positive comments were shared with the registered manager regarding the diverse range of purposeful and enjoyable outreach activities service users currently participate in the community and local college. Management, staff, service users and other contracted persons are to be commended on their DVD production of their Service Users Guide. This is informative, interesting and user friendly.

On 10 March 2016 from 11.00 to 14.00, there were approximately six service users in the centre. Other service users were participating in a yoga session in the community in the morning and an identified number of service users were going on a planned lunch outing.

During the inspection, three service users were observed over a 3 hour period to be relaxing in the soft seating area in the main room, there was a film on the television. One service user was lying on a sofa in a quiet room (he/she had recently been discharged from hospital, staff reported he/she was feeling very tired); another service user was in the dining room listening to music and the sixth service user was sitting at a table with no activity and an open file in front of him/her.

Several identified service users were unable to converse with the inspector due to their cognitive impairment. One service user said he/she would like to "do more things in the centre" and is interested in "woodwork" type activities. These comments and observations during the inspection were shared with the registered manager and Minimum Standard 9: 'Programmes and Activities' was discussed.

In consultation with service users, the registered manager was advised to undertake a review of activity provision in the Valley Centre, so that a structured programme of varied activities related to the centre's statement of purpose and the service users' need for day care is in place. The programme should provide opportunities for both group and individual activities that are flexible and allow for service user choice. The types of activities offered should be diverse and varied; engaging, purposeful, enjoyable and promote healthy living. Service users should be enabled to participate in the activities of their choice and where appropriate, be encouraged and supported by care staff. The revised activity programme should be displayed in a suitable format in an appropriate area in the centre so that service users know what is scheduled. Assurances were given by the registered manager this review of activity provision in the centre would take place.

i.5.3. Returned Staff Questionnaires

Four completed RQIA staff questionnaires were received by RQIA. With the exception of staff responses to three questions, staff had ticked either 'very satisfied' or 'satisfied' to questions.

One staff had stated he/she was 'unsatisfied' regarding the following:

- Equipment being obtained in a timely manner to meet assessed need.

Another staff stated he/she was 'unsatisfied' about:

- Management responding and taking appropriate action to service users' suggestions for improvement, issues raised; concerns and complaints.

Three staff stated they were 'unsatisfied' concerning:

- The centre's environment being appropriate in meeting service users' care, health and welfare needs. The following comments were recorded:

- "Centre too small. Need more care staff."
- "Centre too small and no driver. More care staff."
- "Building I feel is too small for the mix of health needs it provides for."

These matters were shared with the registered manager by email on 05 April 2016 and she was asked to follow up on these matters and forward the outcomes of same to RQIA.

i.5.4. 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 main hall. The centre was observed to be clean, tidy and generally very well maintained.

An identified service user who uses a mobility aid discussed his/her concern regarding disabled access in the Valley Centre. It is acknowledged there are push button internal automatic double doors leading into the main group room in the centre. The service user said the disabled bathroom/toilet doors and doors into the dining room and other smaller rooms are heavy and he/she struggles to open them independently.

The service user also said there is limited space for him/her to safely move around the main group room when all the service users are in the centre. Examples were given by him/her regarding the difficulty they experience in moving around the centre. The service user stated he/she had raised these concerns with the registered manager and care staff. He/she has accessed independent advocacy services and others to support him/her regarding disabled access in the Valley Centre. This was discussed with the registered manager and is an identified area for improvement. The Trust is asked to review disabled access in the Valley Centre with a view to installing push button or powered semi-automatic opening devices on doors to facilitate unrestricted passage for service users assessed to need mobility aids/wheelchair users.

The registered manager is also asked to undertake a review of space in the main room used by service users and remove any tables, chairs and furniture that are not needed. In consultation with service users, furniture should be rearranged so this area better meets the needs of service users using mobility aids. The registered manager was advised to relocate the large unit directly outside an identified disabled toilet/bathroom so that access is improved.

The temperatures in several identified rooms in the centre were warmer than the recommended maximum temperature of 22⁰C as stated in Minimum Standard 25.2. The registered manager said there have been ongoing heating issues in the Valley Centre over the last seven months or so. She has shared her concerns with her line manager and the Trust's Estates Department. The centre's heating is regulated by Altnagelvin Hospital and the Estates Department are in the process of attempting to resolve the issues as there had been a problem with the boiler and a replacement part was fitted. There are no thermostatic regulating valves on radiators in identified rooms in the centre. Maintaining recommended temperatures in the centre is an area for improvement.

i.5.5. Areas for Improvement

Four areas for improvement were identified as a result of the examination of additional areas and concerned:

1. Notifications to RQIA's Incident Team.
2. Review of activity provision in the centre.
3. Disabled access and review of the furniture layout in the main room.

4. Regulation of temperatures.

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| Number of Requirements: | 3 | Number of Recommendations: | 1 |
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Caroline Morewood, 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(2)(j)</p> <p>Stated: First time</p> <p>To be Completed by: 11 April 2016 for (a) and (c) and 16 March 2016 for (b)</p> | <p>The registered persons shall, having regard to the number and needs of service users:</p> <ul style="list-style-type: none"> (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. (b) Remove the large piece of furniture positioned near the door of the identified disabled toilet/bathroom. (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. <p>The returned QIP must state the outcome of (a) and (c) along with an action plan with timescales.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>(a) Manager had previously completed a Minor Capital Works Request Form for the provision of semi-automatic opening devices on doors in the Valley Centre in August 2014. Manager has liaised with senior management regarding this need and to query when this work will be carried out.</p> <p>(b) The large piece of furniture positioned near the door of the identified disabled toilet/bathroom has been moved to a different location.</p> <p>(c) Senior Day Care Worker and Day Care Worker alongside Manager have reviewed the current layout of the furniture in the main room used by service users and the furniture has been rearranged.</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 26(2)(k)</p> <p>Stated: First time</p> <p>To be Completed by: 11 May 2016</p> | <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 19⁰C – 22⁰C and not exceed 22⁰C.</p> <p>The returned QIP must state the outcome of the Trust's review along with an action plan with timescales.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Manager reported the issues with the heating system in the Valley Centre to the Western Trust Estates Department. The Western Trust</p> |

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| | Compliance Officer has carried out a review of the heating system and liaised with the Energy Technical Team and the heating has been regulated at 22 degrees. |
| Requirement 3 Ref: Regulation 29 Stated: First time | 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. |
| To be Completed by: 17 March 2016 | Response by Registered Person(s) Detailing the Actions Taken: The notification of the adult safeguarding referral made in November 2015 was retrospectively forwarded to RQIA on 11 th March 2016. A Form 2 was then forwarded on 13 th April 2016 with the outcome of the adult safeguarding investigation. |

| Recommendations | |
|--|---|
| Recommendation 1 Ref: Standard 4.3 Stated: First time | 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. |
| To be Completed by: 26 April 2016 | Response by Registered Person(s) Detailing the Actions Taken: The Valley Centre Senior Day Care Worker and Day Care Worker are currently reviewing and updating the STAR Profile assessments for each service user and this work is due for completion for 26 th April 2016. |
| Recommendation 2 Ref: Standard 5 Stated: First time | The registered manager should ensure service user's care plans are: |
| To be Completed by: 26 April 2016 | <p>(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.</p> <p>(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).</p> <p>(c) Care plans are kept up to date to reflect the service user's current needs (Minimum Standard 5.6).</p> |
| | Response by Registered Person(s) Detailing the Actions Taken: (a) Senior Day Care Worker and Day Care Worker alongside Manager are currently updating service user Care Plans to ensure that they are comprehensive and include the programmes and activities that the individual participates in, both in the centre and on outreach activities. An Advocacy Group Meeting has taken place to seek further service user views on activities of interest. This work is on schedule for completion for 26 th April 2016. (b) Manager, Senior Day Care Worker and Day Care Worker are |

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| | currently checking all documentation to ensure that all Care Plans are signed by the service user, (where appropriate), or their representative, the staff member completing it and the registered manager. This work is due for completion by 26 th April 2016. |
| <p>Recommendation 3</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be Completed from: 11 March 2016 and ongoing</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>Response by Registered Person(s) Detailing the Actions Taken: Staff are aware of this Recommendation and are ensuring that service user's care notes/records are objective and contain information regarding Minimum Standard 7.4.</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be Completed by: 11 May 2016</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>Response by Registered Person(s) Detailing the Actions Taken: Senior Day Care Worker facilitated an Advocacy Group Meeting with service users to consult with them on activities of interest. Senior Day Care Worker, Day Care Worker alongside Manager are currently reviewing the programmes and activities offered in the Valley Centre to ensure that they are diverse, varied, engaging, purposeful, enjoyable and promote healthy living. This work is on schedule to be completed by 11th May 2016.</p> |

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| Recommendation 5 Ref: Standard 17.10 Stated: First time To be Completed from: 11 March 2016 and ongoing | The registered person should ensure monthly monitoring reports of the Valley Centre are retained in the centre and made available for inspection purposes. Response by Registered Person(s) Detailing the Actions Taken: Manager has liaised with Community Services Manager on need for outstanding copies of Monthly Monitoring Reports completed by monitors to be forwarded on to registered manager. | | |
| Registered Manager Completing QIP | Caroline Morewood | Date Completed | 20/04/16 |
| Registered Person Approving QIP | <i>Carole Way</i> | Date Approved | 8.5.16 |
| RQIA Inspector Assessing Response | <i>Louise McLabe</i> | Date Approved | *12/5/16 |

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

** Further response is needed regarding Requirement 1 part (a) re outcome of review with action plan + timescales. Louise McLabe (by 25/5/16)*