

# Unannounced Care Inspection Report 15 December 2016



## Tempo Road Day Centre

Type of service: Day Care Service  
Address: 42a Tempo Road, Enniskillen, BT74 6HR  
Tel no: 028 6632 8729  
Inspector: Angela Graham

[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 Tempo Road Day Centre took place on 15 December 2016 from start time 09.20 to 15.45 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection Tempo Road Day Centre was found to be delivering safe care. There was positive feedback from all service users and two service users' representatives, about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

The staff in Tempo Road Day Centre were observed caring for a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety.

A recommendation has been made that the registered provider should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting.

A recommendation has been stated for the second time in regard to the installation of an overhead, tracking hoist to facilitate personal care tasks with service users.

### Is care effective?

On the day of the inspection it was established that the care in Tempo Road Day Centre was effective. Observations of staff interactions with service users and discussions with a total of seven service users and two service users' representatives evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

The inspection of elements of three service users care records; incident recording; discussion with the service users, two service users' representatives and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Staff demonstrated a high level of commitment to ensure service users received the right care at the right time. Staff spoken with understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

A recommendation has been made that the registered manager undertakes an environmental audit in relation to dementia care.

## Is care compassionate?

On the day of the inspection Tempo Road Day Centre was found to be delivering compassionate care. The inspection of records, observations of practice and discussions with staff, service users and two service users' representatives confirmed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support.

Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with service users and two service users' representatives and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner.

A recommendation has been made that the registered provider should ensure that a report is prepared that identifies the methods used to obtain the views and opinions of service users, and which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report should be made available to service users.

## Is the service well led?

On the day of the inspection there was evidence of effective leadership and management in Tempo Road Day Centre and a culture focused on the needs of service users. Staff confirmed that they were well supported in their roles and that good training is provided.

Two recommendations have been made that the registered manager reviews the centre's menu planner, ensures choice is offered at meals as per standard 10.2, ensures menus are rotated over a three-week cycle and are revised at least six monthly as per standard 10.7.

A recommendation has also been made that staff meetings take place on a regular basis and at least quarterly.

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

### 1.1 Inspection outcome

|                                                                                 | Requirements | Recommendations |
|---------------------------------------------------------------------------------|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 7               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Denise Foster, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent 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 13/10/15.

## 2.0 Service details

|                                                                                                        |                                               |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Registered organisation/registered person:</b><br>Western Health and Social Care Trust              | <b>Registered manager:</b><br>Denise Foster   |
| <b>Person in charge of the service at the time of inspection:</b><br>Denise Foster, Registered Manager | <b>Date manager registered:</b><br>22/11/2012 |

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and quality improvement plan (QIP).

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

- Discussion with the registered manager
- Discussion with three care staff
- Discussion with two support services staff
- Discussion with seven service users
- Discussion with two service users' representatives
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requesting their return to RQIA. Three staff and four service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Accident/untoward incident record
- Staff roster
- Staff supervision and appraisal records
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of two staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 13/10/15

The most recent inspection of the day care setting 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 13/10/15

| Last care inspection recommendations                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Validation of compliance |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 27.1<br><b>Stated:</b> First time | It is recommended that the WH&SCT should assess the need for an overhead, tracking hoist to facilitate personal care tasks with service users and should install such equipment as is deemed necessary for safe and healthy working practices and to promote service users' comfort and dignity.                                                                                                                                                                       | <b>Partially Met</b>     |
|                                                                                   | <b>Action taken as confirmed during the inspection:</b><br>The registered manager informed the inspector that WH&SCT representatives had undertaken an assessment for the need for an overhead tracking hoist within the day care service. However an overhead tracking hoist had not yet been installed. The registered manager confirmed that further discussion was to take place with representatives from the WH&SCT in regard to addressing this recommendation. |                          |
|                                                                                   | This recommendation has not been fully addressed and has been stated for a second time in this report.                                                                                                                                                                                                                                                                                                                                                                 |                          |

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 28 November 2016 until 15 December 2016 evidenced that the planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care evidenced that service users' needs were met by the numbers of staff on duty.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21, Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. They knew who may need additional time to manage and support their behaviour; and gave examples of how they respond in a safe way to calm and redirect service users. Overall the staff described their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team; whom they advised were accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager stated that there were no current or ongoing safeguarding concerns.

Discussion with staff confirmed that they had attended safeguarding vulnerable adults training.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. The inspector observed gloves stored uncovered in bathrooms. This matter was discussed with the registered manager who advised that she would address same. A recommendation has been made that the registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting.

There was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

A recommendation made in the report of the previous care inspection in regard to the installation of an overhead, tracking hoist to facilitate personal care tasks with service users has not been addressed and has been stated for the second time in the QIP of this report.

Four service users completed questionnaires for this inspection. These service users confirmed they felt safe in the setting; they could talk to staff if they were unhappy or had any issues or concerns, they could tell someone if they were worried about someone being treated badly, the setting is comfortable and they knew what to do if the fire alarm sounded.

Three staff members returned questionnaires. Staff confirmed the care was safe, they had received training in safeguarding vulnerable adults, there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities.

### Areas for improvement

Two areas for quality improvement were identified during the inspection regarding this domain. These matters concern:

1. The registered provider should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting.
2. The installation of an overhead, tracking hoist to facilitate personal care tasks with service users.

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| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 2 |
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### 4.4 Is care effective?

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

Review of elements of three service users' care records reflected there are risk assessments and care plans in place. There was evidence that risk and other assessments informed the care planning process. There was also recorded evidence of multi-professional collaboration.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process. Care recording for every five attendances was being maintained.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection that records were stored safely and securely in line with data protection.



The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, staff training and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, service users and staff meetings.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the registered manager and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 18 November 2016 and minutes were made available.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users.

The inspector reviewed the environment in regard to the day centre accommodating service users with a diagnosis of dementia. Consideration should be given to providing an enabling environment including encouraging independence, social interaction and promoting safety. A recommendation has been made that the registered manager undertakes an environmental audit in relation to dementia care.

Four service users' completed questionnaires. These service users confirmed they were getting the right care at the right time; staff were communicating well with them; their choices are listened to; they choose the activities they take part in; and they had been involved in the annual review of their day centre placement.

Three staff questionnaires confirmed service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

### **Areas for improvement**

One area for quality improvement was identified during the inspection regarding this domain. This matter concerns the registered manager undertaking an environmental audit in relation to dementia care.

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| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 1 |
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#### 4.5 Is care compassionate?

Discussion with service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices, staff offered reassurance and assistance appropriately. Staff interactions with service users were observed to be compassionate, caring and timely.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion staff presented as knowledgeable and informed regarding each service user's needs.

Discussions with service users along with observations of practice during the inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The registered manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner. Observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them.

Service users are consulted on an informal daily basis via discussions with staff. Service users are consulted on a formal basis via service users' meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Tempo Road Day Centre. The findings from the annual survey had been collated into an evaluation/summary report however actions taken in response to issues raised by service users were not recorded. A recommendation has been made to address this issue.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "Staff are kind and helpful."
- "I like the food and always get enough to eat."
- "Great place."
- "I like it here."
- "Staff are good."

The inspector met with two service users' representatives. The service users' representatives spoke positively of the service, care delivered and the staff team. Examples of some of the comments made by the service users' representatives are listed below:

- "Staff are very kind to my relative and they are always very welcoming."
- "The care in the centre is very good. Staff look at my relative's individual needs and ensure they are met."

- “This is an excellent service.”
- “I am very satisfied with the care. I have attended a care review recently and you feel very much involved.”

Consultation with service users regarding compassionate care and service users' questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

Three staff questionnaires confirmed service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

### Areas for improvement

One area for quality improvement was identified during the inspection regarding this domain. The registered provider should ensure that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report should be made available to service users.

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| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 1 |
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#### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre's policies and procedures.

In discussion service users were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern. Service users confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Discussion with staff confirmed they were familiar with organisational and management structure and with their lines of professional accountability. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

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

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

A review of the schedule confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the registered manager confirmed that staff meetings were held generally six monthly, and records verified this. The last meeting was held on 10 November 2016 and minutes were available. The previous staff meeting had been undertaken on 28 April 2016. No further staff meetings were undertaken in 2016. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult. A recommendation has been made that staff meetings be held at least quarterly.

A two week menu planner was available on the day of inspection. The inspector reviewed the menu planner. The menu did not offer a choice of meals and reflected one meal was provided. Discussions with the registered manager concluded care staff were aware of service user's likes, dislikes and preferences and that if a service user does not like the meal on that day, an alternative is provided.

Discussion with the registered manager and review of the two week menu planner confirmed the menu planner was last reviewed on 06 February 2014. The registered manager was advised to review the centre's menu planner. A clear choice of meal should be provided and the menu should reflect this as per standard 10.2. Also the menu planner should be rotated over a three-week cycle and revised at least six monthly, taking into account seasonal availability of foods and service users' views as per standard 10.7. Two recommendations have been made to address these issues.

The registered manager confirmed that no complaints were received since the previous care inspection on 13 October 2015.

Three monitoring reports were reviewed from September to November 2016. The reports evidenced visits had taken place on 08 September, 11 October and 16 November 2016.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Four service users' questionnaires confirmed the service was managed well; they said they knew the manager and could talk to the manager if they had any concerns. The service users also confirmed staff had responded well to them and they are asked what they would like to do in the setting.

Three staff questionnaires confirmed the service is managed well, the service is monitored, and communication between the staff and management is effective.

### **Areas for improvement**

Three areas for quality improvement were identified during the inspection regarding this domain. These matters concern:

1. Staff meetings take place on a regular basis and at least quarterly.
2. The registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.
3. The registered provider should ensure that menus are rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users' views.

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| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 3 |
|-------------------------------|---|----------------------------------|---|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with, Denise Foster, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

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

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

| Quality Improvement Plan                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Recommendations                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 27.1<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>31 March 2017   | <p>It is recommended that the WH&amp;SCT should assess the need for an overhead, tracking hoist to facilitate personal care tasks with service users and should install such equipment as is deemed necessary for safe and healthy working practices and to promote service users' comfort and dignity.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/> REQUEST FOR FUNDING MINOR CAPITAL WORKS FORM FOR INSTALLATION HAS BEEN FORWARDED TO ASSISTANT DIRECTOR WITH VIEW TO INSTALLATION WHEN FUNDING AVAILABLE.</p> |
| <b>Recommendation 2</b><br><br><b>Ref:</b> Standard E7<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>31 March 2017      | <p>The registered provider should undertake an environmental audit in relation to dementia care.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/> AUDIT CARRIED OUT REQUEST FOR APPROPRIATE COLOURED TOILET SEATS AND PAINTING OF DOORS FORWARDED IN MINOR CAPITAL WORKS REQUEST FORM AND ALSO HIGHLIGHTED IN MANAGERIAL AUDIT . APPROPRIATE SIGNAGE PUT IN PLACE FOR ACCESING TOILET FACILITIES</p>                                                                                                                  |
| <b>Recommendation 3</b><br><br><b>Ref:</b> Standard 10.2<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>28 February 2017 | <p>The registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/> REQUEST TO CATERING DEPARTMENT TO DEVELOP A THREE WEEK MENU PLANNER WHICH INCLUDES A DAILY CHOICE OF MEAL FOR ALL SERVICE USERS INCLUDING THOSE ON A THERAPEUTIC DIET OR SPECIFIC DIET.</p>                                                                                                                      |
| <b>Recommendation 4</b><br><br><b>Ref:</b> Standard 10.7<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>28 February 2017 | <p>The registered provider should ensure that menus are rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users' views.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/> REQUEST FORWARDED TO CATERING DEPARTMENT TO REVISE MENU 6 MONTHLY IN CONSULTATION WITH STAFF IN CENTRE AND SERVICE USERS WITH CONSIDERATION OF LIKES AND DISLIKES ALSO TO DEVELOP A THREE WEEK MENU CYCLE.</p>                                            |
| <b>Recommendation 5</b><br><br><b>Ref:</b> Standard 23.8                                                                                        | <p>The registered provider should ensure that staff meetings take place on a regular basis and at least quarterly.</p> <p><b>Response by registered provider detailing the actions taken:</b></p>                                                                                                                                                                                                                                                                                                                                                    |

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|--------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Stated:</b> First time<br><br><b>To be completed by:</b><br>31 January 2017 | STAFF MEETINGS NOW SCHEDULED EVERY THREE MONTHS |
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| <b>Recommendation 6</b><br><br><b>Ref:</b> Standard 27.1<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>31 December 2016 | <p>The registered provider should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting. Gloves are not to be stored uncovered in bathrooms.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/> ALL GLOVES ARE NOW STORED IN CUPBOARDS IN BATHROOMS<br/> DAILY CHECK OF ALL AREAS CARRIED OUT BY MANAGER OR ACTING MANGER TO ENSURE COMPLIANCE IN ALL AREAS.<br/> HAND HYGIENE AUDITS CONTINUE TO BE CARRIED OUT MONTHLY</p>                                                                                                                                                                                                                |
| <b>Recommendation 7</b><br><br><b>Ref:</b> Standard 8.5<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>28 February 2017  | <p>The registered provider should ensure that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/> A REPORT AND ACTION PLAN IN RESPONSE TO SERVICE USERS ANNUAL QUESTIONERS RETURNED IS PRESENTLY BEING PREPARED, DETAILING THE VIEWS AND OPINIONS OF ALL SERVICE USERS AND WAYS IN WHICH ANY ISSUES OR CONCERNS RAISED WIL BE RESOLVED AND ACTIONED. THIS WILL BE DISCUSSED WITH AND A COPY GIVEN TO ALL SERVICE USERS OR THEIR REPRESENTATIVES</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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